

Medication Form

Westminster Woods Camp * 18487 Barber Rd * Fall River *
KS * 67047

Please bring this form
with your camper when
you arrive at camp.
**DO NOT SEND IN
ADVANCE**

**If your child does NOT take medications, you do not have to fill out
this form!**

Any and all medications that your student will be taking must be accurately described on this form.

Name of Camper: _____ Known allergies: _____

Guardian Name: _____ Cell Phone: _____

Medication(s) to be taken during event:

1) Name: _____ Dosage: _____

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

2) Name: _____ Dosage: _____

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

3) Name: _____ Dosage: _____

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

4) Name: _____ Dosage: _____

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

I hereby give permission for this medical information to be shared on a need to know basis.

Parent or Guardian Signature _____ Date _____

Witness Signature _____ Date _____

**Place all medications listed in a Ziploc bag with the student's name printed on the front. Please
include this form in Ziploc bag.**