Shekinah Western Ranch Camp
Medication Instructions/Release

Name:_____

Phone Number:_____

Birth Date:_____

A nurse or designated staff member will oversee all medical and health issues. This individual will be responsible for treating minor wounds/injuries and administering medication during your child's time at camp.

**All medications (prescription / non-prescription) must be brought in original bottle or package and properly labeled as prescribed by law.

List all prescription and non-prescription medications to be taken while at camp:

NAME OF MEDICATION / DOSE (Zyrtec / 10mg)	**DIRECTIONS:** (Take one 10mg capsule in morning after breakfast)	**Reason for taking** (Seasonal Allergies)

Please check any of the following Stock Medications to be administered as directed for common ailments:

- ☐ Benadryl
- ☐ Pepto Bismol
- ☐ Tylenol
- ☐ Tums
- ☐ Advil
- ☐ Anbesol

I hereby allow Shekinah Ranch staff to administer the above personal medications as directed. I also give Shekinah Ranch permission to administer any of the above checked stock medications as needed and as directed.

X_____ _____ _____

Parent/Guardian Signature Print Name Date