



Super Kids Camp Arkansas MEDICATION DISPENSATION FORM

All medications, prescriptions and over the counter, must be in their original container and must be turned in with this completed form to the camp nurse at the beginning of camp.

Camper's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: (Home) _____ (Cell) _____

Doctor's Name: _____ Phone: _____

Church Name: _____

Group Leader: _____ Cell#: _____

1. Medication: _____ Dose: _____ Time dispensed: _____

Dispensing Instructions: _____

Possible Side Effects: _____

Complete Dosage Instructions: _____

2. Medication: _____ Dose: _____ Time dispensed: _____

Dispensing Instructions: _____

Possible Side Effects: _____

Complete Dosage Instructions: _____

Other important information: _____

(attach another form if you need to list additional medications)

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child. Such risks include, but are not limited to, failing to administer the medication properly, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of the Arkansas Baptist State Convention staff administering medication to my child, I do hereby fully release or discharge the Super Kids Camp Arkansas, Arkansas Baptist State Convention, the Cooperative Program or Camp Paron, and/or their officers, directors, agents, sponsors and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me or my child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date