



Medical consent form
 This form must be turned in by July 10!

Camper Name: _____

Birthdate: _____

Please check any OTC medications we may administer without permission:

Check here	Medication	Notes
	Acetaminophen	(e.g. Tylenol)
	AfterBite	
	Antihistamine, cream	(e.g. Benadryl)
	Antihistamine, oral	(e.g. Benadryl)
	Decongestant	
	Ibuprofen	

List below any medications from home you need our first aider to administer, plus instructions:

Medication	When?	Dosage	Notes

Does your camper has a medical item they will carry with them? Details:

(Contact camp director: This category is restricted to inhalers, epipens, similar items.)

Email: CampAbenteuer@gmail.com

OR: Sophie Scholl Schule, PO Box 1655, Beaverton, OR 97075

Updated 4/15 ler