## **Church Medication Contact Sheet**

In order to better serve your campers (adult and student) who need to take medication, we want to make sure that medication is given properly and on time. Please include the names of a female and male sponsor with cell numbers who will be easily accessible and responsible for your campers getting to the nurse to take their medication in a timely manner. Our goal is to assure you, our guests, and especially campers' <u>parents</u> of a safe and successful week of camp.

Church Name:	
Female Sponsor:	Cell #:
Male Sponsor:	Cell #:

Please list camper's name and medication(s) they will be taking and when it needs to be given:

Name:	Medication:	When Needed: