

**LAMOKA BAPTIST CAMP MED FORM**  
 (You can use this form or the form(s) your doctor provides)



\_\_\_\_\_  
 (Name of Camper)                      (Date of Birth)

\_\_\_\_\_  
 (Medication)                                      (Use)                                      (Time/Frequency)

\_\_\_\_\_  
 (Medication)                                      (Use)                                      (Time/Frequency)

\_\_\_\_\_  
 (Medication)                                      (Use)                                      (Time/Frequency)

\_\_\_\_\_  
 (Medication)                                      (Use)                                      (Time/Frequency)

\_\_\_\_\_  
 (Health Care Provider's Name- Printed)                      ( )                      (Phone #)

\_\_\_\_\_  
 (Health Care Provider's Signature)                      (Date) / /                      (License #)

**LAMOKA BAPTIST CAMP OTC FORM**

\_\_\_\_\_  
 (Name of Camper/Patient)                      (DOB)                      (Weight)                      (Health Care Provider's Name)

Drug Name	Provider Order	Comments/Use
Ibuprofen	YES NO	
Robitussin	YES NO	
Dimetapp	YES NO	
Benadryl	YES NO	
Tylenol	YES NO	

\_\_\_\_\_  
 (Health Care Provider's Signature)                      (Date)

\_\_\_\_\_  
 (Phone #)                      (License #)

