

**Carolinas District Youth Camp**  
**Contact Form of Medical Necessity**

If a student is bringing any type of medication to camp, this form **MUST** be completed and submitted with their registration form. All medication **MUST** be in the container labeled by the pharmacy.



**Camper's Name:** \_\_\_\_\_

**Emergency Contact Phone:** (    ) \_\_\_\_\_

**Church Name:** Belmont Foursquare

**Youth Pastor/Leader:** Clark Burgin

**Medications:**

How long has the youth been on the medication(s)? \_\_\_\_\_

Does he/she have difficulty taking the medication(s)?  Yes  No

If so, what technique works well in giving the medication? \_\_\_\_\_

Does the medication require refrigeration)?  Yes  No

Does the medication need to be taken:

- with meals
- on an empty stomach
- at what time of day? \_\_\_\_\_

Please list any possible side effects of the medication:

**Non Prescription Medications:**

Non Prescription Medications permitted to be given at camp if necessary:

Tylenol  Benadryl  Antacid  Neosporin  Bandages

**NO MEDICATIONS TO BE GIVEN in addition to the listed prescription medications.**

**Medical Condition(s):**

Does your youth's medical condition require special attention, special equipment, or restricted activities?  Yes  No

If yes, explain \_\_\_\_\_

**Allergies:**

Allergies to \_\_\_\_\_ Medication?  
Reaction?  Rash  Vomiting  Shock  Other \_\_\_\_\_

Allergies to \_\_\_\_\_ Food  
Reaction?  Rash  Vomiting  Shock  Other \_\_\_\_\_

Date of last Tetanus Shot \_\_\_/\_\_\_/\_\_\_

Does your child have any of the following conditions

- Diabetes
- Asthma
- Epilepsy
- Other \_\_\_\_\_

**ADDITIONAL COMMENTS:**

**SIGNATURE OF PARENT/GUARDIAN X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF NURSE OR CAMP DIRECTOR X** \_\_\_\_\_ **DATE** \_\_\_\_\_