Short Mountain Bible Camp Medication Form

Please print out and bring this completed form to Camp Registration if you are bringing medicine to be dispensed at camp.

Name:		**Age:**		**Weight:**	
Emergency Contact:		**Phone:**			

Please list any food or drug allergies:

Please fill in the information below for all medications you are bringing to camp

Medication	Reason for Taking	Dose	How Often/ Time(s) of day to be taken	Form (Liquid, Pill, Injection, etc.)	Special Instructions