



Please list ALL medications (including over the counter or nonprescription drugs) taken regularly. Bring enough medication to last the entire time at camp.

**IMPORTANT!!** (Please read) **Keep all medication in the original and current packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, the frequency of administration and purpose.**

| Medication | Dosage | Specific times taken each day | Purpose |
|------------|--------|-------------------------------|---------|
|            |        |                               |         |
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Attach additional pages if necessary.

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Authorization to treat: This health form is correct so far as I know, and I am able to engage in all camp activities except as noted on this form. If I cannot give consent, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for myself. I also authorize the camp nurse to administer treatment as necessary and to administer any medications prescribed by my physician as listed on this form.

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Signature

Date

**Camp Judah**

2444 North Main St.  
Warsaw, NY 14569  
(585)786-2969

campjudah.com  
campjudah@gmail.com