**Medical Treatment Form**

**Christ Church Episcopal VBS**

**Summer 2017**

(Required For Children that Need to Carry Their Medication)



Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Name & Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Required (please include exact name of medication and dosage required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***If your child requires medication please label the medication in a ziploc sandwich bag with your child’s name, directions and exact dosage. On the first day of VBS, please give this completed form and the labeled medication bag to your child’s crew leader.***