



CHRISTIAN YOUTH CAMPS

OF SOUTH AUSTRALIA INCORPORATED
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CYC CAMPS MEDICATION FORM

CONFIDENTIAL INFORMATION

Name of Camper _____ Camper's date of birth _____

Gender _____ What CYC Camp is the camper coming on? _____

Does this camper have any allergies? If yes, what are they? _____

When filling in the below table please print clearly, do not use medical abbreviations or symbols, and use one row for each medication.

Medication Name	Medication Details			
	Strength	Dose	Time(s) of Administration	Are there any notes?

This Medication Form MUST be authorised by a guardian of the camper.

Please fill in the below section on this form to authorise its contents so that we can contact you if we need any further information.

Your Name _____ What is your relationship with the camper? _____

Your email address _____ Your phone number _____

Today's date _____ Signature _____