LC – Focus Student Camp

MEDICATION INFORMATION FOR: _____

EMERGENCY CONTACT INFO: _____

PLEASE LIST ALL ALLERGIES: _____

All medicines must be in the original container (including over-the-counter) inside a gallon-sized Ziploc bag with the camper's name clearly marked.

Please use the following chart for medication dosage and frequency.

Medication Name & Strength (mg)	Directions

Prescription medications: I give my permission to the event staff to administer doctor-prescribed medication in my child's name to my child as directed above.

Non-prescription medications: I give m permission to the event staff to administer non-prescription, over-the counter medications to my child based on symptoms. For example, but not limited to, Tylenol or ibuprofen for pain; Benadryl or Claritin for allergy symptoms or wasp stings; and so on.

Parent/ Guardian Signature_____ **Date**_____

Notes:_____

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