

# LC – 2024 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 student's name clearly marked.

Please use the following chart for medication dosage and frequency.

Medication Name & Strength (mg)

Directions

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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