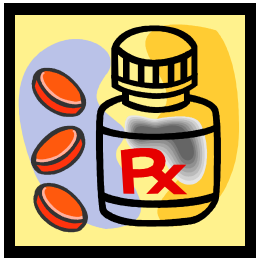


Camp Lau-Ren

Medication Consent



Date: _____

Camper Name: _____

Parent/Guardian: _____

PRESCRIPTION MEDICATIONS:

MEDICATION	Dosage	Method	Frequency
<i>Example: Children's Tylenol</i>	<i>1 tablet</i>	<i>By Mouth</i>	<i>Whenever necessary</i>

PARENT OR GUARDIAN CONSENT:

I agree to allow the Health Care Provider to remind the camper to take his/her medication
And to store the medication in a safe location when not in use.

Signature of Parent/Guardian: _____

Date: _____