



## MEDICATION PERMISSION FORM

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### LIST ALL ALLERGIES AND ALLERGY SYMPTOMS:

Please include all foods, medications, animals, insects, or otherwise.

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Medication	Dosage	Times to Give	Reason

I hereby give my consent for the staff at Camp Agape to give \_\_\_\_\_ the medication(s) listed and described above. I also give my consent for the staff at Camp Agape to give Tylenol to my child if needed.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date