

**Robotics Learning**  
**LEGO Robotics Summer Day Camp**  
**Medication Consent Form**

**Medications:** Medication will be administered ONLY with prior written consent of parent and must be prescribed by a physician. All medications must be checked in with camp staff by a parent along with a medication consent form. Written instructions are to include medication, dosage, and conditions under which it is to be administered. All medications MUST be in their original container and have an unaltered label. Children are not allowed to bring or administer their own medication. Please note we are not able to refrigerate medicines.

Camp Session: [ ] Week 1                      [ ] Week 2                      [ ] Week 3                      [ ] Week 4

Dates: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medication: \_\_\_\_\_

When to Administer: \_\_\_\_\_

Dosage: \_\_\_\_\_

Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note Any Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_