



PO Box 201
East Waterboro, ME 04030

CAMP LAUGHING LOON MEDICAL RELEASE FORM

Camp Laughing Loon is requesting that you have your doctor sign the release form below that allows the Camp Laughing Loon Directors to dispense medicine to your child during the camp day. Prescription medication that is to be taken at camp must be brought in the original container from the pharmacy. (Pharmacists will give you another bottle for the camp's dose if you request it.)

If this form is not received in the camp office 14 days prior to your child attending camp, an alternate week must be scheduled.

If you have any questions about this policy, please call the camp office at 247- 6329 or email us at kidslovecamplaughingloon@yahoo.com.

Name of Child: _____

Name of Medication: _____

Dosage Amount and Time _____

Any Special Instructions: _____

Physician's Name and Phone No.: _____

Physician's Signature: _____

Date: _____

This form must be returned, signed by your doctor, 14 days prior to your child attending camp.

Please upload to your Active account or email to kidslovecamplaughingloon@yahoo.com

I give my permission for non-medical camp directors to supervise administration of the above medication to the above named child.

Signature of Parent/Guardian _____ Date _____

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