

Camper's Name: _____ Camp Attending _____
 Date of Camp _____

Consent for Administering Over the Counter Medicines

In order to continue to provide the best care we can for our campers we are requesting that the parent or guardian of each camper review the list of over the counter medications that we keep in the infirmary. These medications are used when campers have complaints/illnesses for which they have no prescription medications available to them. (Example Headache-we give Tylenol, dosage age appropriate). We request that you check the appropriate box: YES, my child can take this medicine; or NO, my child can NOT take this medicine.

YOUR CONSENT MUST BE OBTAINED BEFORE ANY MEDICATION IS GIVEN TO YOUR CHILD. Please sign your name at bottom of the sheet. **Please bring this form with you to registration.**

MEDICATIONS	USES	YES	NO
HYPODERMIC:			
Epipen 0.3 mg.	Anaphalytic Shock (usually bee stings)		
INHALATION/ORAL:			
Acetaminophen	Pain relief, fever headache		
Ammonia inhalants	Fainting/near fainting		
Benadryl	Allergic reactions, severe itching, seasonal allergies		
Chlo-Trimeton	Seasonal upper respiratory allergies		
Chloroseptic throat spray	Sore throat		
Emetrol	Vomiting		
Hypo tears	Eye irritation		
Ibuprofen	Swelling, extremity injure ie, sprains		
Maalox	Indigestion		
Pepto Bismol	Upset stomach, diarrhea		
Robitusin CF	Dry coughs		
Sucrets Lozenges	Sore Throat		
Sudafed	Decongestant		
Tylenol	Headache, Fever		

MEDICATIONS	USES	YES	NO
TOPICAL PREPARATIONS:			
Aloe Gel	Insect Bites		
Bacitracin Ointment	Antibiotic ointment of minor skin disruption		
Bactine Spray	Antisiptic and Anesthetic		
Cool Gel	Burns		
Caladryl	Anti itch/Antiseptic for poison ivy, etc.		
Calagel	Anti itch cream		
Hydrocortisone	Itching		
Off Skintastic	Insect repellent spray		
Nix	Head lice shampoo		
Silvadine	Burn Ointment		
Rhuli Gel	Analgesic for minor skin irritations		
Sting Kill wipes	Anti-itch for bug bites		
Sun Screen	Sunburn prevention		
Tecnu	Skin cleanser for poison ivy/oak		
Tinacin or Lamisil	Athletics foot other fungal irritations		

Signature of Parent/Guardian _____ Date _____