

DAY CAMP MEDICATION PERMISSION FORM



Day Camp staff cannot distribute medications to campers, whether over-the-counter or prescription, without parent permission. In order for the Day Camp Health Supervisor to give any medication to campers, they must have a signed copy of this completed form.

Over-the-Counter Medications

According to our Day Camp Protocols and Health Care Procedures, our health care staff can administer certain types of over-the-counter (OTC) medications. In order for your camper to be able to receive these, we need to have a parent/guardian signature.

Check box if camper MAY RECEIVE any of the following OTC medications:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol or generic) | <input type="checkbox"/> OTC Antacid (Tums) |
| <input type="checkbox"/> Ibuprofen (Advil or generic) | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Diphenhydramine (Benadryl or generic) | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Non-medicated cough drops | <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30) |
| <input type="checkbox"/> Insect repellent (may contain up to 15% DEET) | |

Weight of child for dosage purposes: _____

*(Unchecked boxes means camper **MAY NOT** receive that medication.)*

Prescription and Over-the-Counter Medications from Home

(If there are any other medications your camper may need at camp, please provide these in original packaging with doctor/parent instructions at the start of camp.)

Medication	Instructions for administration:

(Name of camper) _____ has my permission to receive the above mentioned OTC and/or prescription medications.

Signature of parent/guardian _____

Date _____