



Consent for Administration of Over the Counter Medications
Summer Session 2010

Camper's Name: _____ Age: _____

Allergies: _____

List any long-term medications now receiving _____

Check Medication if OK to give at Camp. Indicate dosage if applicable.

_____ Anti-itch Gel (Cala-Gel)

_____ Medicaaine Swab Sting & Bite relief _____ 3 in 1 Antibiotic Ointment

_____ Other: _____

_____ Advil (Ibuprofen) Under 12 yrs: 5mg/kg P.O. q6-8 hrs prn
12 yrs or older: 200-400 mg P.O. q4-6 hrs prn

_____ Tylenol (Acetaminophen) Under 12 yrs: 160mg-640 mg P.O. q4-6 hrs prn
12 yrs or older: 650 mg P.O. q4-6 hrs prn

_____ Benadryl (Diphenhydramine) 6-12 yrs: 12.5-25 mg P.O. q4-6 hrs prn
12 yrs or older: 25-50mg P.O. q4-6 hrs prn

_____ Sunscreen lotion

_____ Insect repellent

_____ I do not want any medication given to my child.

Notes:

PARENT/GUARDIAN SIGNATURE

_____ Date _____