

Over the Counter Medications

Dear Physician and Parent,

Please complete the form below to give our medical staff permission to dispense over the counter medications to your camper. Please return it with the medical form

Camper's Name _____

Medication	Indication	Physician Order		Parent Permission	
		Yes	No	Yes	No
Advil (ibuprofen)	Temp, headache, pain				
Tylenol (acetaminophen)	Temp, headache, pain				
Pepto Bismal	Upset stomach				
Antacids	Upset stomach				
Emetrol	Nausea				
M.O.M.	Constipation				
Dramamine	Motion Sickness				
Imodium	Diarrhea				
Dimetapp	Congestion				
Robitussin	Cough				
Lozenges	Sore throat				
Sudafed	Congestion				
Lotrimin Cream	Rash				
Benadryl liquid/cream	Allergic Reaction, bug bites, swelling				
Bacitracin ointment	Bug bites, cuts				
Hydrocortisone cream	Bug Bites, rashes				
Visine	Red itchy eyes				
Auralgon	Earache				
Silvadene Cream	Burn				
EpiPen	Severe allergic reaction				

I authorize the camp nurses to administer the following over-the-counter medications as needed and as per package dosage and schedule recommendation.

Physician _____

Parent/Guardian _____

License # _____

Phone # _____

Date _____ Phone # _____

Date _____