

Simpson County Youth Camp

**PARENT PERMISSION TO GIVE "OCCASIONAL"
OVER-THE-COUNTER MEDICATION**

Camper Name: _____ Age _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter". This form is required before over-the-counter medications can be administered at Camp.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I APPROVE ALL MEDICATIONS LISTED BELOW

_____ I DO NOT WANT ANY OTC MEDS GIVEN TO MY CHILD

TOPICAL:

- _____ Antibiotic Cream (i.e. Bacitracin Cream, Polysporin)
- _____ Hydrocortisone Cream (i.e. Cortaid)
- _____ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- _____ Sunscreen
- _____ Oral products containing benzocaine (Oragel, Chloraseptic)
- _____ Tincture of Benzoin, Mastisol (helps tape adhere)
- _____ Burn Gels
- _____ Eye drops for dryness

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antacid (i.e. Mylanta, Maalox, Tums)
- _____ Cold Medicines (guaifenesin, pseudoephedrine, phenylephrine)
- _____ Antihistamine (i.e. Benadryl, chlorpheniramine, Loratadine)
- _____ Cough Syrup (dextromethorphan, medicated cough drops)

Please check with the camp nurse to see which medications are available for campers in the camp nurses station and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINSTERED TO MY CAMPER

Signature of Parent or Guardian

Date

When sending OTC medications to camp, they **must** be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring medications directly to the nurse. The medication should be sealed in an envelope in the original manufacturer's container. In the event that an adult is unable to bring the medicine to camp, arrangements may be made by calling the nurse.

The camp is not able to supply medication for frequent or daily use.

MEDICATION HISTORY:

Is your camper allergic to any medications? _____ If yes, please list medicine(s) and type of reaction: _____

Does your camper take any medication (either OTC or prescription) on a regular basis? _____
If yes, please list: _____

