



Over-the-Counter-Medication

Permission Form

Camper's First Name _____ Camper's Last Name: _____

Allergy(ies) _____

Weight _____ Date of Birth _____

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. Should the need arise, parent(s) will be contacted for any medication applied/given.

Please check off the medications that are approved and sign below:

_____ **I approve all medications below**

_____ I do not want *any* OTC meds given to my child

- Advil (Ibuprofen)
- Allergy Tabs (Antihistamine)
- Anti-itch Cream (Benadryl)
- Burn Gels
- Calamine Lotion
- Eye Drops for Dryness
- Hydrocortisone Cream (Cortaid)
- Oral Products containing Benzocaine (Oragel, Chloraseptic)
- Triple Antibiotic Ointment (Neosporin)
- Antacid (Tums, Maalox)
- Acetaminophen (Tylenol)
- Sunscreen

I give the camp staff permission to administer the over-the-counter medications indicated above, should the need arise, while my child is at Camp Coyote Ridge.

Signature of Parent/Guardian _____ Date _____