

SIMPSON COUNTY YOUTH CAMP - 2024

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

Camper: _____ Male: _____ Female: _____ Age: _____

Staff Use Only

Cabin # _____ Counselor for the week: _____

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 dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY CAMPER

Signature of Parent or Guardian

Date

NOTE:

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. If an adult is unable to bring the medicine to camp, arrangements may be made by calling the nurse.

The camp may not be 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: _____

OTHER IMPORTANT HEALTH INFORMATION:
