

OVER-THE-COUNTER MEDICATIONS RELEASE FORM

Date / /

I (Parent/Guardian) _____ give permission for the following over-the-counter medications listed below to be given to (camper's name) _____ whenever the camp medical staff feels it is necessary'.

(Yes) (No) Tylenol for headaches

(Yes) (No) Liquid antacid for upset stomach

(Yes) (No) Cough drops for cough for campers

age 12 and over

(Yes) (No) Calamine lotion for bug bites (Yes)

(No) Artificial tears for red/tired eyes

___ (Yes) (No) Anbesol for toothache

Known allergies

SELF-MEDICATION RELEASE FORM

Date: ____/____/____

Child's Name: _____

has been instructed in the proper use of the following medication procedures:

We (Physician's signature)

And (Parent or Guardian's signature):

Request that (Child's Name) _____ be permitted to carry the medication on his/her person or keep same in his/her sleeping quarters as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method of use.

Note: This form must be completed *in addition* to routine district medication form for those campers who request permission to earn their own medication on camp or keep this medication in his/her sleeping quarters.