



Permission to Administer Medication

Camper Name: _____
First Middle Last

Gender: Female/Male Birth Date: _____ Camp Session/Date _____

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please list all medications the child is taking below (information to be given to health-care professionals in case of emergency.)

| Name of medication | Date started | Reason for taking | When given | Amount/Dose | How given | Taken at camp? |
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Non Prescription Medication: The following non-prescription medications may be stocked in the camp Health Center and are used on an as-needed basis to manage illness and injury. **Cross out those the camper should not be given.**

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| Aloe | Tylenol/Acetaminophen - pain reliever |
| Benadryl/Diphenhydramine antihistimine | Advil/Motrin/Ibuprofen - pain reliever |
| Calamine lotion | Pepto Bismol/Kaopectate/Bismuth subsalicylate |
| Sunscreen | |

If your child will be taking medication while at camp, provide enough of each medication to last the entire time they will be at camp. Medications must be brought in the original pharmacy container and should only the medication needed while at camp. I understand that unused medications are not carried home by the camper. Medications are returned to the parent/guardian at check-out.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (*Please Print*) _____ Relationship to Camper _____