

MEDICINE DISPENSING AUTHORIZATION

PART 1: (PLEASE NOTE THERE ARE TWO PARTS TO THIS FORM THAT NEED TO BE COMPLETED)

I hereby certify my child is currently taking medication prescribed by a physician while attending camp. I understand the medication may not be kept by my child but will be safely held by medical personnel until needed.

All medication must be in original containers. All medications, prescription or non-prescription, must be accompanied with written dosage instructions and a guardian signature.

Child's Name: _____ Cabin _____

MEDICATIONS: Please list all medications that your child will be taking while at camp.

<u>Medication</u>	<u>Dose</u>	<u>Frequency (circle)</u>	<u>Times to be given</u>
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____

Does your child have any allergies to any other medicines that might be administered? (Tylenol, aspirin, Benadryl, anti-itch cream, etc.) _____

PART 2:

It is permissible for the following over-the-counter medications to be administered to your child?

- | | |
|---|---|
| ☐ Bismuth | ☐ Ibuprofen (Motrin) |
| ☐ Topical cream | ☐ Calamine lotion |
| ☐ Burn gel | ☐ Ben-Gay |
| ☐ Acetaminophen (Tylenol) | ☐ Triple antibiotic ointment |
| ☐ Diphenhydramine (Benadryl) | ☐ Cough drops |
| ☐ Antihistamine/decongestant | ☐ Calcium antacid |

Parent or guardian's name: _____

Relationship to child: ☐ Mother ☐ Father ☐ Other (specify): _____

Phone where you can be reached during the day: _____

I hereby give my permission for the above medication to be administered to my child by medical personnel in accordance with the instructions given.

Signature of Guardian _____