



## PRESCRIPTION MEDICINE DISPENSING AUTHORIZATION

**This form must be brought to Camp and presented to our Medical Staff**  
(we suggest you bring it in the same bag as the medicine so you don't forget)

**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?

- |   |   |
|---|---|
| <input type="checkbox"/> Bismuth                    | <input type="checkbox"/> Ibuprofen (Motrin)         |
| <input type="checkbox"/> Topical cream              | <input type="checkbox"/> Calamine lotion            |
| <input type="checkbox"/> Burn gel                   | <input type="checkbox"/> Ben-Gay                    |
| <input type="checkbox"/> Acetaminophen (Tylenol)    | <input type="checkbox"/> Triple antibiotic ointment |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Cough drops                |
| <input type="checkbox"/> Antihistamine/decongestant | <input type="checkbox"/> 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 \_\_\_\_\_