

AUTHORIZATION FOR MEDICATIONS

***No medications (including over the counter) will be given at camp without this completed form (signed by your provider) on file.**

All medications must be checked into the camp health office on arrival. Campers are not allowed to keep any medicine, including vitamins, in the dormitory or cabin. A parent, guardian, or responsible adult shall deliver all medications to the camp health office.

All medications must be in a pharmacy or manufacturer labeled container.

Camper's name: _____

Birth date: _____

Week(s) of: _____

The following medications are supplied at camp. Please check all appropriate boxes and GIVE DOSAGE

Check Box	Give Dosage	Medication
<input type="checkbox"/>	_____ tabs (or) _____ tsp	Ibuprofen (200mg) every 6 hours as needed for discomfort
<input type="checkbox"/>	_____ tabs (or) _____ tsp	Acetaminophen (325 mg) every 4 hours as needed for discomfort
<input type="checkbox"/>	_____ tabs (or) _____ tsp.	Diphenhydramine HCL (Benadryl) every 4-6 hours as needed for discomfort
<input type="checkbox"/>		Topical Benadryl-Apply per package directions
<input type="checkbox"/>		Antibiotic ointment- apply per package directions

List any other prescription or over the counter medication this child will need at camp (include name of medication, dose, frequency, time to be given).

Licensed Health Care Provider Signature _____ **Date** _____

Licensed Health Care Provider (PRINT or STAMP NAME) _____

I request that my child _____, date of birth _____ receive the medication(s) listed above and prescribed by the health care provider. I understand that this medication will be destroyed if it is not picked up within one week following the end of his/her week at camp.

Parent/Guardian's signature: _____ Date: _____