



Lancaster Presbyterian Church

Name _____		
Office Use Only	<input type="checkbox"/> Elementary	Cabin # _____
	<input type="checkbox"/> Intermediate	Tent # _____
	<input type="checkbox"/> Junior High	Lodge    or    Cabin # _____
Dates of Camp: <u>Sunday, June 24 – Saturday, June 30, 2018</u>		

# Over-the-Counter Medication Parent/Guardian Approval Form

## Summer Youth Camp 2019

Name of Camper: \_\_\_\_\_

**Directions:** A parent/guardian should indicate which medications can be given to your child by camp medical personnel, if the need is to arise.

**Important Note:** If your child takes/uses one of these on a regular basis, please bring the item/medication to camp and complete an over-the-counter medication form for each frequently used item.

I hereby authorize that following medications may be given to the above named child after the nursing assessment.

- Bactine** (topical) for minor wound care, first aid as needed
- Triple Antibiotic Ointment** (topical) for wound healing
- Tylenol** (oral) as directed on bottle
- Ibuprophen** (oral) as directed on bottle
- Cough Drops** for coughing, minor throat irritation as needed
- Antacid Tablet** (oral) for stomach discomfort
- Benadryl** (oral or topical) for swelling, hives, allergic reaction as directed on bottle
- Calamine Lotion or Cortaid** (topical) for insect bites/bee stings
- Visine/ Murine Plus Eye Drops** (topical in eye) for minor eye irritation
- Other** (please describe) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_