

## Medication Administration

### Prescription and Over the Counter Medications

The parent/guardian of \_\_\_\_\_ (child's name) ask that camp staff give the following Medication \_\_\_\_\_ (name of medicine and dosage) at \_\_\_\_\_ (time) to my child, according to the Health Care Provider's signed instructions on the Health Information form.

The program agrees to administer medication prescribe by a licensed health care provider.

It is the parent/guardian's responsibility to furnish this prescription medication.

The parent agrees to pick up expired or unused medication within one week notification by staff.

**Prescription medications** must come in the original container labeled with: child's name, name of medicine, time medicine to be given, dosage, and date medicine is to be stopped and Licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the Counter Medication:** May the following over the counter medications be given to your child as needed while at camp?

Medication Name	Allowed?
Acetaminophen (Tylenol)	yes
Aloe Vera (sunburn)	yes
Antihistamine (Benadryl)	yes
Bacitracine ointment(antibiotic cream	yes
Carmex or Vaseline (chapped skin)	yes
Claritin (for sneezing, itching, watery eyes	yes
Ibuprofen (Advil)	yes
Maalox (for abdominal pain)	yes
Metamucil (for constipation)	yes
Milk of Magnesia (for constipation	yes
Mylanta (for abdominal pain)	Yes
Saline solution (for eye irrigation)	yes
Sunscreen (Banana Boat SPF 50)	yes
Throat lozenges	yes
Tums (indigestion)	yes
Zantac 75 (for heartburn/indigestion	Yes
Zyrtec (For sneezing, itching, watery eyes	yes

Is there anything the camp needs to be aware of when giving any of the approved otc meds to your child?

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the medical staff delegated to administer medication.

Parent/Legal Guardian Name Printed \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_