



Matt Garrett
CAMP DIRECTOR
BOBBY R. FRANCIS
ARTISTIC DIRECTOR
Matthew Schaul
LEADERSHIP DIRECTOR
SHARIE OWENS
ADMINISTRATION

CAMP PARENT/GUARDIAN AUTHORIZATION, WAVIER, AND CONSENT OVER-THE-COUNTER (OTC) MEDICATIONS

Camper's Name _____ Camper's Date of Birth _____

OTC medications are available for administration at camp. These medications are administered per manufacture dosing and guidelines. Consent is required by a parent or legal guardian if the camper is under the age of 18 years old. Without written consent, no OTC medications will be administered. Please select and complete one of the following:

____ I, _____, **DO NOT** authorize the administration of OTC medications to _____ while at camp.
Camper Name

____ I, _____, **DO** authorize the following OTC medications (including brand and generic) to be administered to _____ while at camp.
Camper Name

Available OTC Medications: If you consent for OTC medication but there are certain OTC you do not want your camper receiving, please initial the specific medication.

****Initial each medication you DO NOT authorize to administer as needed****

Pain Management/Acute illness & symptoms

- ____ Ibuprofen
- ____ Acetaminophen
- ____ Naproxen
- ____ Excedrin Migraine
- ____ Midol

Gastrointestinal:

- ____ Antacid chews
- ____ Pepto Bismol



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_____ Acid reducer/heartburn (Famotidine, esomeprazole, etc.)

_____ Antidiarrheal

Allergy and Cold Symptoms:

_____ Cold and sinus medication (including decongestant)

_____ Allergy medications (Benadryl, zyrtec, Allegra, etc.)

_____ Cough Drops

Topical:

_____ Calamine lotion

_____ Triple Antibiotic ointment

_____ 1% hydrocortisone cream

_____ Burn relief

_____ Sunscreen

_____ Hydrogen Peroxide

Misc:

_____ Lubricating eye drops

_____ Eye wash solution

_____ Glucose Tablets

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Phone Number _____

Date _____