

**Students Name:** \_\_\_\_\_

**CONSENT FOR NON-PRESCRIPTION MEDICATIONS**

This consent allows students to take “Over-the-counter” medications as needed, without having to contact you each time during this camp session. **Please check “yes” for the medications the camper is allowed to take. All medication will be administered by a qualified and approved medical staff member**

- Yes /  No **Tylenol** (headaches and minor pain)
- Yes /  No **Ibuprofen** (menstrual cramps, minor aches and pain)
- Yes/  No **Tums** (nausea, upset stomach)
- Yes/  No **Chloraseptic Spray** (sore throat pain)
- Yes/  No **Chloraseptic Lozenge** (sore throat pain)
- Yes/  No **Halls or Vicks Cough Syrup** (coughing and congestion)
- Yes/  No **Triple Antibiotic Ointment** (first aid for minor cuts and abrasions)
- Yes/  No **Caladryl Clear** (skin irritations with itching)
- Yes/  No **Sting Kill** (bee stings)
- Yes/  No **Hydrocortisone Cream** (rashes and skin irritations with itching)
- Yes/  No **Aloe with Lidocaine** (sunburn)
- Yes/  No **Sudafed** (allergy symptoms)
- Yes/  No **Imodium A-D Caplets or Liquid** (diarrhea)
- Yes/  No **Emetrol** (nausea)
- Yes/  No **Benadryl** (allergy symptoms)
- Yes/  No **Desitin** (raw skin)

List other non-prescription drugs that camper can take:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments or Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_