

~ Over the Counter Medication Consent Form ~

This form is for over the counter (OTC) medications only. Any prescription medications or over the counter medications that are taken on a daily or regular basis require a Brantwood Camp Medication Form to be completed.

Camper Information (Please print)

Last Name _____ First Name _____

Parent or Guardian Name _____

Address _____

Town/City _____ State _____ Zip _____

Preferred Phone () _____ Second Phone () _____

The camp nurse or other licensed healthcare professional may administer the following over the counter medications to campers only when permission is provided. This consent covers occasional use only. Medications will be given at the nurse's discretion and dispensed according to the instructions on the packaging unless your physician provides alternate instructions on a Brantwood Camp Medication Form.

Please place a check mark on the line next to the over-the-counter medication that you give permission to be administered to your camper, as needed, during their stay at Camp.

_____ Ibuprofen (Advil, Motrin or Generic) – pain/fever

_____ Acetaminophen (Tylenol or Generic) – pain/fever

_____ Calcium Carbonate (Tums, Pepto or Generic) – antacid, indigestion, upset stomach

_____ Antibiotic ointment - cuts/scratches

_____ Diphenhydramine (Benadryl or Generic) – antihistamine

_____ Loratadine (Claritin or Generic) – antihistamine

_____ Cough drops/throat lozenges (Menthol or other) – cough suppressant/mouth antiseptic

_____ Chloraseptic throat spray (Phenol 1.4%) – sore throat/mouth

_____ Hydrocortisone 1% cream – itch, irritation

_____ Sterile eye wash (purified/sterile water) – foreign body in eye

_____ Eye drops – irritated eyes, allergies

Parent/Guardian Signature _____ **Date** _____