

*~ 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** \_\_\_\_\_