

LBC Over-the-Counter Medications Consent

Over the counter medications are only offered to campers if it is necessary to continue camp or to relieve non-emergent health issues. Camp nurses and first aiders are not permitted to give any medications to your child without your permission. By signing this medications consent form, the parent/guardian is giving permission and/or instruction to use the medications listed below.

As Parent/Guardian to _____, I _____,
(Name of participant) (name of parent/guardian)

hereby give permission to the camp nurse listed below to administer medication to my child/ward as outlined in the table below following on site doctor directives.

Name of Camp Medical Person:

Parent/Guardian's Signature:

Date:

_____, 20__

Medication	Active Ingredients	Use	Parent/Guardian Initial those medications which can be given to your child/ward
Topical Antibiotic (Polysporin Kids)	Lidocaine hydrochloride plus two antibiotics	For abrasions or minor infections	
Aloe vera gel	Aloe vera	Soothing skin irritation and sunburn	
Hydrocortisone Cream .5%	Hydrocortisone	Soothing skin irritation itching and burning	
Gravol	Dimenhydrinate	Anti-nauseant for motion sickness, nausea and vomiting	
Benadryl	Diphenhydramine	Antihistamine for allergic reactions such as hives, redness or swelling	
Tylenol	Acetaminophen	Analgesic for pain and fever	
Advil	Ibuprofen	Anti-inflammatory for pain and swelling: analgesic for pain and fever	
Afterbite	Ammonia	For relief of itching due to bug bites	
Calamine Lotiona	Zinc oxide, ferric oxide	Relief of skin irritation (e.g. poison ivy)	