

**Authorization for the Administration of  
Non- Prescription Medication**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Allergies \_\_\_\_\_

July 11-16, 2010 \_\_\_\_\_

July 18-23, 2010 \_\_\_\_\_

**To Authorize Camp Personnel:**

I hereby request and authorize you to administer the following medications for headaches, fever, upset stomach, cough, skin irritation, insect bites, and sunburn.

- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Tums Antacid
- \_\_\_\_\_ Solocaine(sunburn spray)
- \_\_\_\_\_ Benzocaine (insect bite spray)
- \_\_\_\_\_ Caldryl (poison ivy lotion)
- \_\_\_\_\_ Cough Syrup
- \_\_\_\_\_ Cough Drops
- \_\_\_\_\_ Pepto-Bismol
- \_\_\_\_\_ Benadryl (antihistamine)

Parent(s)/ Guardian(s) Signature \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

Pager/ Cell Phone \_\_\_\_\_