



MEDICATION FORM

Please print clearly in ink.

Girl's Name: _____ Date of Birth: _____

Event/Activity Name and Dates: _____

OVER THE COUNTER MEDICATIONS

Check all items that we may give your girl, if she should need medication while away from home. All medications are given based on your individual child's weight or age as listed in the instructions.

- Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- Ibuprofen (Motrin, Advil)
- Throat Lozenges
- Antihistamine (such as Benadryl)
- Calamine, Caladryl or other anti-itch lotion
- Antibiotic Ointment (such as polysporin or Neosporin)
- Hydrocortisone Cream
- Antacid (Tums)
- Antifungal Ointment or Spray (for athlete's foot)
- Sunscreen (SPF 30 max)
- Bug Spray (non-aerosol, 30% Deet max)

Comments: _____

Does the girl take any prescribed medications or over-the-counter drugs on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO Fill in the table for any prescription or over-the-counter medications the camper will be bringing to the event/activity. **All prescription must be in their original container **			
Medication and Dose	Reason for Medication	Times and days to be given as needed or prescribed times*	Prescription or over-the-counter?

* Please note, we can only administer prescription medication according to directions on the label, unless we have a signed doctor's note.

Parent/Guardian Signature: _____ Date: _____