

Victory Ranch

Summer Camp

Over-the-Counter Medication – Parent/ Guardian Permission Form

Dear Parent or Guardian:

In accordance with current policies regarding medication distribution in camps, we have compiled the following list of oral medications available in the camp medical office. Please check the over-the-counter medications which you approve of your child receiving. All medications are given only as directed and only with your permission.

| AILMENT | MEDICATION |
|--|--------------------------|
| Headache | Adult Tylenol _____ |
| | Children's Tylenol _____ |
| | Chewable Tylenol _____ |
| Bite/Sting/ Poison Ivy | Benadryl 25mg _____ |
| | Calamine Lotion _____ |
| Minor Cut/ Scrape | Neosporin _____ |
| Sore Throat | Chloraseptic Spray _____ |
| Upset Stomach | Tums _____ |
| | Pepto-Bismol _____ |
| | Mylanta _____ |
| Cough | Robitussin DM _____ |
| | Cough Drop _____ |
| Nasal Congestion | Sudafed _____ |
| | Dimetapp _____ |
| Any over-the-counter medications as deemed necessary | _____ |

I/We hereby give Victory Ranch permission to administer the over-the-counter medications checked above, should the need arise.

Camper's Name _____

Parent/ Guardian's Signature: _____ Date: _____