

**APPROVAL FOR OVER THE COUNTER MEDICATION:**

The following non-prescription medications will be available from the camp medical staff member should your child need them. Please check the medications you would allow your child to receive from the camp medical staff member if it became necessary.

I authorize the medical staff of Calvin Camp to administer as necessary the following medications (checked below) to my child/self.

Campers name \_\_\_\_\_ Dates attending camp: 7/9 – 14, 2018  
7/16 – 21, 2018

Parent / Staff Signature \_\_\_\_\_

Phone \_\_\_\_\_

Oral

Topical

\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_ Hydrocortisone Cream

\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_ Calamine Lotion

\_\_\_\_ Tums/Mylanta/Pepto-Bismol

\_\_\_\_ Antibiotic Ointment

\_\_\_\_ Milk of Magnesium

\_\_\_\_ Immodium

\_\_\_\_ Benadryl

\_\_\_\_ Cough Drops

\_\_\_\_ Loratadine (Claritin) once-daily Allergy medication  
(or)

\_\_\_\_ Cetirizine (Zyrtec) once-daily Allergy medication