

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/Staff Name _____ Dates attending camp: 7/13 – 18, 2020
7/20 – 25, 2020

Parent / Staff Signature _____

Phone _____

Oral

- ___ Acetaminophen (Tylenol)
- ___ Ibuprofen (Advil, Motrin)
- ___ Tums/Mylanta/Pepto-Bismol
- ___ Milk of Magnesium
- ___ Immodium
- ___ Benadryl
- ___ Cough Drops
- ___ Loratadine (Claritin) once-daily Allergy medication
(or)
- ___ Cetirizine (Zyrtec) once-daily Allergy medication

Topical

- ___ Hydrocortisone Cream
- ___ Calamine Lotion
- ___ Antibiotic Ointment

SUNSCREEN APPLICATION CONSENT FORM:

I give my permission for the staff at Calvin Camp to assist with applying or allow my child to apply sunscreen to his/her exposed skin including the face, neck, tops of ears, bare shoulders, arms, legs and feet. It is my responsibility to provide sunscreen with a **minimum of SPF of 15**. I understand that I must provide the sunscreen in its original container labeled with my child’s name and within the noted expiration date.

Please select one of the following:

___ In the even that my child does not have sunscreen at camp, my child may apply other available sunscreen. I understand this sunscreen is not hypoallergenic. I also understand the brand, ingredients and SPF may vary.

___ My child may NOT use any sunscreen other than the one that he/she brings to camp.

Signed (Parent/Guardian)

(Date Signed)