

TRINITY SUMMER CAMP

OVER the COUNTER MEDICATION CONSENT—Signed by Doctor and Parent
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Dear Parents:

The policy for over the counter (OTC) medication administration is according to the standards that are mandated by the Howard County Health Department and the Nurse Practice Act of Maryland. I will not be able to dispense over the counter medications without the written consent of the parent and the child's physician. There will be no exceptions. Below is an Over the Counter (OTC) form that gives permission from both you and your child's doctor to administer OTC medicines that will be available to the students for occasional symptoms. You will be notified before your child receives OTC medicine in the Camp Health Room. Campers may NOT carry his/her own medication.

Please contact the Camp Nurse with any questions: 410-744-1082

Consent for Administration of Over the Counter Medications

Camper's Name: _____ Age: _____

Allergies: _____

List any long-term medications now receiving _____

Check Medication if OK to give at Camp. Indicate dosage if applicable.

_____ Anti-itch Gel (Cala-Gel)

_____ Medcaine Swab Sting & Bite relief _____ 3 in 1 Antibiotic Ointment

_____ Other: _____

_____ Advil (Ibuprofen)

Under 12 yrs: 5mg/kg P.O. q6-8 hrs prn

12 yrs or older: 200-400 mg P.O. q4-6 hrs prn

_____ Tylenol (Acetaminophen)

Under 12 yrs: 160mg-640 mg P.O. q4-6 hrs prn

12 yrs or older: 650 mg P.O. q4-6 hrs prn

_____ Benadryl (Diphenhydramine) 6-12 yrs: 12.5-25 mg P.O. q4-6 hrs prn

12 yrs or older: 25-50mg P.O. q4-6 hrs prn

_____ I do not want any medication given to my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Physician's Name _____ Phone # _____

PHYSICIAN'S SIGNATURE _____ DATE _____

