



Non-Prescription Medication

Any medication that is purchased over the counter and brought to camp to be administered by camp personnel

Please complete a separate form for each non-prescription medication brought to camp

Camper Name: _____ Date of Birth: _____

Camper Address: _____

Name of Medication: _____ Dose: _____

Time(s) to be given: _____

Form of Medication: Tablet Liquid Other _____

Start Date: _____ Stop Date: _____

Special Instructions _____

Potential adverse reactions to be reported to parent or doctor: _____

Physician/Provider Name: _____ Phone: () _____

Parent/Guardian: I give permission for my child to receive this medication at camp according to camp policy.

I agree and am responsible to:

- Deliver this medicine to camp in its original container.
- Tell the camp as soon as possible if there is a change in the use of this medicine.
- Tell the camp if my child gets a new healthcare provider.
- Complete a new medicine form for this medicine if the dose changes.
- Dosage must be same or less than dose for the age on the bottle.

I agree for my child's healthcare provider to talk with the camp personnel about this medication. No other part of my child's health will be discussed.

Parent/Guardian Signature: _____

Parent/Guardian Phone: () _____ Emergency Alternate: () _____