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June 1

Camper Name: _____

**Permission to Dispense
Over-The-Counter
Medication**
(1 Form Per Camper)




**AMERICA'S
CAMP**
Please Mail To:
**3 New King Street
White Plains, NY 10604**

To be filled out by the child's parent/guardian.

I, _____, hereby give permission for America's Camp to administer the following over-the-counter medications to my child as the nurse or doctor deems necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

- Headache... **Tylenol or Motrin**
- Upset Stomach... **Pepto Bismal, Tums**
- Diarrhea... **Immodium AD**
- Poison Ivy... **Calamine Lotion/Rhuli Gel**
- Athletes Foot... **Tinactin**
- Sunburn... **Solarcaine**
- Muscle Pain... **Motrin**
- Bee/Wasp Sting... **Benadryl**
- Cold Medicine... **Sudafed**
- Motion Sickness... **Dramamine**

If there are any medications on this list that should not be administered to your child for medical reasons, please indicate below:

Please attach a note describing replacement medications that will be sent to camp with your child.

Signature of parent or guardian

Date

The medications listed above are stock items in the camp's Health Center; please do not send any of these items to camp.