

Camper \_\_\_\_\_

Cabin \_\_\_\_\_

### Over the Counter Medication Permission Form

I \_\_\_\_\_, hereby give permission for YMCA Camp Sky-Y to administer the following over-the-counter medications to \_\_\_\_\_ if the nurse deems necessary. Dosages will be administered according to directions on the label unless otherwise directed by a physician.

Please circle any of the Medications below that your child may **NOT** receive.

| <b>Complaint</b>          | <b>Treatment</b>                            |
|---------------------------|---|
| Headache, Fever, Pain     | Tylenol or Ibuprofen                        |
| Abdominal Discomfort/ Gas | Maalox                                      |
| Allergic Reaction         | Benadryl                                    |
| Bug Bites                 | 0.5% Hydrocortisone Cream, Benadryl         |
| Cold Sores                | Blistex                                     |
| Constipation              | Milk of Magnesia                            |
| Cough; progressive        | Cough Medicine                              |
| Cough; non-progressive    | Robitussin, Robitussin DM                   |
| Cramps, Menstrual         | Ibuprofen or Midol                          |
| Head Lice                 | RID or Equivalent                           |
| Muscle Aches              | Ben Gay or analgesic ointment               |
| Poison Ivy, Oak, Sumac    | Calamine lotion, 0.5-1% Hydrocortisone      |
| Ringworm                  | Lotrimin, Tinactin                          |
| Sore throat               | Throat lozenges, Throat Spray               |
| Stuffy Nose               | 1% Neosynephrine Drops or Afrin Nasal Spray |
| Motion Sickness           | Dramamine                                   |

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_