

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.

Complaint	Treatment
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 _____