



Over-the-counter Medication Authorization Form

Over-the-counter medications will only be provided to your child by the camp, as needed, if this form is completed and signed by physician and returned to Pine Tree Camps by the parent/guardian. Stocked medications doses are administered based on campers' weight and recommended dosing directions.

Camper Name: _____ Birth Date: _____

Camper weight for medication dosing: _____

Check if permission is granted for camp staff to administer the following medications while attending camp. Parents may be called to confirm weight and dosing prior to administration.

- ☐ Acetaminophen (Tylenol) 325 mg tablets (per dosing schedule) as needed PO for headache, minor pain symptoms or fever
- ☐ Acetaminophen (Children's Tylenol) 160mg/5 ml Oral Suspension (per dosing schedule) as needed PO for headache, minor pain symptoms or fever
- ☐ Ibuprofen (Children's Motrin) Oral Suspension 100mg/5ml (per dosing schedule) as needed PO for headache, minor pain symptoms or fever
- ☐ Diphenhydramine HCL (Children's Benadryl) 12.5mg/5ml (per dosing schedule) as needed PO for itching/ allergic reaction
- ☐ Children's Dimetapp (Brompheniramine Maleate/dextromethorphan HBr/Phenylephrine HCL) (per dosing schedule) as needed PO for cough/cold symptoms
- ☐ Calcium Carbonate (Tums) 1000mg chewable tabs- 1-2 PO as needed for minor heartburn and/or indigestion o Cough Drops, 1 lozenge to dissolve in mouth every 2 hours as needed for cough/ sore throat
- ☐ Hydrocortisone Cream 1% - apply to skin 3 times daily as needed for rash or skin irritation
- ☐ Calamine Spray 8% - apply to skin 3 times daily as needed for topical pain and itching
- ☐ Aloe Vera gel- apply to skin 3 times daily as needed for minor topical irritation

Prescribing Physician: _____

Prescribing Physician Signature: _____ Date: _____