

RON BURTON TRAINING VILLAGE
Parental Authorization for Over-the-Counter Medications/Prescription Drugs

Name of Camper _____

Date of Birth _____

Drug/Food Allergies _____

I, the parent or legal guardian for the above named camper give permission to have the camp nurse or designated personnel by the camp nurse or camp director, give the following medications, either over-the-counter or as prescribed by a medical physician. (Please circle name and dosage of drug, and time of day usually given.)

Please check and circle the dosage of any over-the-counter medicines my child CAN be administered by the camp.

_____ Tylenol (Acetaminophen) 325mg, 500mg, 650, 1000 mg (circle dose) every 4 hours as needed for headache, mild to moderate pain. [Possible side effects: well tolerated; rare hypersensitivity reaction. Adverse Reactions: loss of appetite, nausea, diaphoresis, generalized weakness within first 12-24 hrs. Later signs of toxicity, vomiting, right upper quadrant pain, elevated liver functions tests. Contraindications: hypersensitivity to Acetaminophen.]

_____ Ibuprofen (Motrin) 200mg, 400mg, 600mg (circle dose) every 6-8 hours as needed for headache, muscular discomfort, mild to moderate pain. [Possible side effects: well tolerated except with children who have asthma. Children with asthma may experience bronchospasms while taking this drug. Adverse Reactions: headache, dizziness, fluid retention, nausea, diarrhea, prolonged bleeding time. Contraindications: hypersensitivity to Ibuprofen.] .

_____ Antacid (Tums) 1-2 tablets every 4 hours as needed for upset stomach, heart burn.
[Possible side effects: constipation, nausea, GI upset, loss of appetite. Contraindications: allergy to calcium, renal calculi, hypercalcemia.]

_____ Immodium AD 1-2 tablets every 6 hours as needed for diarrhea.
[Possible side effects: constipation]

_____ Pepto Bismol 1-2 tablets every 4-6 hours as needed for upset stomach, heart burn, nausea, diarrhea.

List of prescribed drugs.

1. _____
2. _____
3. _____
4. _____
5. _____

The above medication(s) has been prescribed by Dr. _____

All medications will be stored at room temperature in the original container in a locked room. All campers must have a signed parental authorization form on file at the camp before ANY medication will be administered.

The following information is required before any medication will be administered:

ALLERGIES

Medication: _____

Food: _____

Please list all medications (prescription and over-the-counter) that the camper is taking.

Signature of Parent/Guardian

Printed Name

Date