



Camp Blessing Over-the Counter Medication Permission Form

(Required for Everyone at Camp Blessing)

Over the Counter medication may at times need to be administered if approval is indicated by the Staff or Volunteer / Camper's parent or guardian. Please complete the following section. Unless we have written authorization, Camp Blessing cannot administer any medications.

(Note: An option to select all is at the bottom of the list).

Authorization that the following medications may be given to _____ if the needs arises.

Print Name

List KNOWN Drug Allergies: _____

Administer only those medications checked below:

Topical Medications:

- Antifungal creams (Lotrimin/Lamisil) for apparent athlete's foot or fungal skin infection
- A&D ointment or Gold Bond powder for skin irritation without infection
- Antibiotic ointment (Bacitracin, Neosporin) and/or hydrogen peroxide for minor skin infection or wound care
- Calamine lotion for itchy bug bites or poison ivy
- Ben Gay or Icy/Hot for muscle soreness
- 1% hydrocortisone cream or ointment for itchy skin irritations
- Tea Oil for as initial treatment for apparent head lice

Eye Treatment:

- Tetrahydrozoline drops (Visine or Murine) for conjunctival (eye) irritation

Ear Treatment:

- Prevention of swimmer's ear: 2 to 3 drops of isopropyl (rubbing) alcohol instilled into each ear canal after swimming
- Symptomatic swimmer's ear: mix isopropyl alcohol 1:1 with vinegar and drop in affected ear canal three times daily until symptomatically improved

Systemic treatments:

- Acetaminophen 325 mg tab every 6 hours as indicated by pain, headache or fever for campers < 100 lbs. For campers and staff >100 lbs in weight, give 500 mg acetaminophen orally every 6 hours.
- Ibuprofen (Advil) 200 mg by mouth every 6 hours for campers < 60 lbs, 400 mg for campers and staff 60-120 lbs, 600 mg every 6 hours if >120 lbs.
- Miralax or milk of magnesia for symptomatic constipation (dose per label)
- Imodium 2 mg by mouth three times daily for children <80 lbs with diarrhea. For campers and staff >80 lbs, 4 mg by mouth three times daily for diarrhea.
- Robitussin syrup (per label) for congestion and/or cough (dose per label)
- Benadryl or cetirizine (antihistamines) for allergic reactions, intense itch or seasonal allergic rhinitis. Benadryl 25 mg by mouth three times daily for children <80 lbs; 50 mg three times daily for campers and staff >80 lbs.
- Melatonin for insomnia, not ameliorated after use of assurance and non-pharmacologic tools. Initial dose 3 mg for all users for first dose. For individuals >80 lbs, dose may be increased to 5 or 6 mg with subsequent nocturnal dosing.
- Tums or Ranitidine (Zantac 15 mg) for symptomatic acid reflux.
- Bismuth Salsalicylate (Pepto-Bismol) 15 to 30 ml by mouth for stomach discomfort
- Throat spray or lozenges (Chloraseptic) for oral discomfort.

I approve of All the ABOVE

Camp Blessing's clinical team reserves the right to use generic equivalents when available for the name brands over the counter medications listed above. I agree that any first aid treatment may be given as needed. Any condition which is associated with fever, significant inflammations and/or does not respond to the above outlined treatment stated in Camp Blessing's Standing Orders will be followed up with a consultation with the On-Call Camp physician and parent/guardian.

Has the Volunteer or Camper recently been exposed to any contagious diseases? No Yes (see clinic personnel)

Explain _____

My child has my full permission to participate in all camp activities I hereby give permission for the physician selected by the Camp Direct to order x rays, routine tests and treatments for the health of my child, and if I cannot be reached in an emergency, I hereby give permission by the camp director to hospitalize, secure proper treatment for and to order injection, and/or anesthesia, and / or surgery for my child. I also give permission for the camp Clinical team to administer over the counter medication or scheduled medications as ordered on the medication sheet. Any medical fees/claims will be the responsibility of the parent / guardian. (This does not cover preexisting conditions or ongoing treatment).

I have read the above instructions carefully and have filled out the information needed on medications for myself or child. I give permission the Camp Blessing's clinical team to administer the OTC medication(s) as authorized above.

Signature: _____ Date: _____ Term: _____ Cabin: _____
Parent/Guardian Signature required if child is under 18 yrs old

Clinic Use Only: _____ Date Reviewed with Parent/Guardian _____/Initials