

CAMP LAWROWELD OVER THE COUNTER (OTC) MEDICATION Administration Form

(To be completed by the parent/guardian)

COMPLETE & EMAIL TO Barbara @bchase@nnec.org

Camper Name: _____ (M/F circle one)

Birthday _____ Camp Attending: Junior Teen

- All medications shall be administered by the Camp Lawroweld Nurse, with an exception for emergency inhalers prescribed to the camper.
- Every effort will be made to relieve any medical symptoms by encouraging the natural remedies, such as water, rest and sleep. However, in the event these remedies do not bring relief, our intent is to follow your directions as accurately as possible.

PLEASE CHECK ONLY ONE:

- ___ Camp Lawroweld Nurse is to administer NOOTC medications under any circumstances.
- ___ Camp Lawroweld Nurse is to administer ONLYOTC medications as indicated. *
- ___ Camp Lawroweld Nurse is to administer ANYOTC medications as needed at their discretion.

**Dosages will be administered per camper's weight. Frequency of medication will be given as needed per product recommendations.

Any special instructions for OTC medications?

Any additional OTC medications?

- Your signature is an authorization to administer OTC medications as directed on this form by the Camp Lawroweld nurse.

Signature of Parent/Guardian: _____ Date: _____