



"OVER THE COUNTER" MEDICATION RECORD ("OTC")

This record MUST accompany your camper's health history form. Please complete the entire form accurately, review it with your daughter and sign and date below.

Camper Name _____ Age _____ Height _____ Weight _____

Camper Allergies _____

I, _____, give permission for my daughter _____, to receive the following "OTC" medications on an "as needed" basis. Unless directed otherwise, medication will be administered as directed by package labeling.

"OTC" Medication (Please mark with a check in the appropriate space)	YES	NO	COMMENTS
Acetaminophen – Tylenol or generic (minor aches and pain)	___	___	_____
Aloe Vera Gel/ Lotion – (sunburn)	___	___	_____
Ambesol – (toothache)	___	___	_____
Arnica – cream/ ointment (muscle soreness/ bruising)	___	___	_____
Athlete's Foot Products – Tenactin, Desenex, or generic	___	___	_____
Bactine – antiseptic (cuts and stings)	___	___	_____
Baking Soda – paste (bites and stings)	___	___	_____
Benadryl – cream/ capsule/ elixir (stings, bites, colds, allergies)	___	___	_____
Betadine – ointment or solution (cleaning abrasions)	___	___	_____
Blistex – (chapped lips)	___	___	_____
Cepacol/ Halls/ generic – throat lozenges (sore throat)	___	___	_____
Campo-Phenique – (cold/ canker sores)	___	___	_____
Dacirose/ generic eye wash or sterile saline	___	___	_____
Dimetapp Tablets/ elixir – (cold, allergies, cough)	___	___	_____
Dimetapp Tablets/ non-drowsy – (cold, allergies, cough)	___	___	_____
Dramamine Tablets – (bus sickness)	___	___	_____
Epsom Salt – (minor infections)	___	___	_____
Hydrocortisone Cream – Cortaid and/ or Caladryl (itching)	___	___	_____
Hydrogen Peroxide – (antiseptic)	___	___	_____
Ibuprofen– Advil, Motrin, generic (minor aches, pains, cramps)	___	___	_____
Imodium AD/ generic – (diarrhea)	___	___	_____
Insta Glucose – (lowered blood sugar)	___	___	_____
Kaopectate –(diarrhea)	___	___	_____
Lice control products – (for minor outbreaks, if severe, camper will be sent home)	___	___	_____
Midol – (cramps)	___	___	_____
Milk of Magnesia – (constipation)	___	___	_____
Mylanta – (upset stomach/ gas)	___	___	_____
Polysporin/ Neosporin/ generic antibiotic ointment – (minor scrapes, cuts)	___	___	_____
Robitussin Elixir – (colds, coughs, allergies)	___	___	_____
Salt, Table (sore throat gargle)	___	___	_____
Sore Throat Spray – generic brands (sore throat)	___	___	_____
Sudafed – pills/ elixir (colds, allergies)	___	___	_____
Sunscreen without Paba	___	___	_____
Swim Ear – (for water in the ear)	___	___	_____
Tavist-D – (allergies)	___	___	_____
Tiger Balm/ generic – (muscle aches)	___	___	_____
Tums– (indigestion, gas)	___	___	_____
Vaseline – night time use only (dry skin, problematic nosebleeds)	___	___	_____
Vicks Vapor Rub – (colds)	___	___	_____

Parent Signature _____

Date _____

Camper Signature _____

Date _____

Thank you for your cooperation and help. We appreciate your time to complete this record, as it will help to make your camper's stay at camp a healthy and positive experience.

ALL BLANKS MUST BE FILLED IN!