



CAMP TOMAHAWK 2018 AUTHORITY TO ADMINISTER NON-PRESCRIPTION MEDICATIONS

This form is required for every camper and youth staff.

Please circle Yes or NO indicating whether or not you give permission for the Camp Medic to administer the following medications to your camper, youth staffer, or TAG

My son/daughter _____, is allowed to receive the following non-prescription medications from the Camp Medic.

PRODUCT	ACTIVE INGREDIENT	APPROVED
Advil	Ibuprofen	YES or NO
Tylenol	Acetaminophen	YES or NO
Benadryl	Diphenhydramine HCl	YES or NO
Mylanta, Tums	Calcium Carbonate	YES or NO
Sucrets	Dyclonin Hydrochloride	YES or NO
Halls Cough Drops	Menthol	YES or NO
Pepto Bismol	Bismuth subsalicylate	YES or NO
Anti-Itch Cream	Hydrocortisone	YES or NO

Signed: _____
(parent or legal guardian)

Date: _____