

New Mexico Forestry Camp 2010
Over the Counter Medication Authorization

Camper's Name _____ Date of Birth / ____ / ____

I (parent/guardian) hereby give permission for camp staff to administer the following over-the-counter medications or generic equivalents if the on site health care staff deems it necessary. Dosages will be administered according to directions on the product.

_____ Acetaminophen/Tylenol – Adult or Children (headache, menstrual cramps, muscle cramps, fever)

_____ Ibuprofen – Adult or Children (headache, menstrual cramps, muscle cramps, fever, ear aches)

_____ Tecnu/Rhullgel/Ivy Dry/Calamine lotion (poison ivy, bug bites)

_____ Ludens Throat drops/Cipacol lozenges/Chloraseptic (sore throat)

_____ Sudafed liquid or tablets (stuffy nose)

_____ Children's Pepto-Bismol/Tums/Roloids (upset stomach/diarrhea)

_____ Robitussin DM (cough)

_____ Claritin, Claritin D (allergy symptoms)

_____ Benadryl – Adult or Children - liquid or lotion (insect bites, allergy symptoms, allergic reaction)

_____ Triple Antibiotic Cream/Neosporin (skin abrasions/minor cuts and burns)

_____ Hydrocortisone cream (insect bites, sunburn)

_____ Foille/Solarcaine (sunburn)

_____ Lamisil (athlete's foot)

_____ Aveeno Oatmeal Bath (poison ivy)

_____ Epsom Salt (muscle strains, skin irritations)

_____ Desitin (skin irritations, heat rash)

_____ Talcum Powder/Baby Powder (skin irritations, heat rash)

_____ Hydrogen Peroxide (minor cuts, scrapes, burns)

_____ Anbesol (tooth aches)

_____ Campho-Phenique (cold sores, insect bites, sunburn)

Signed _____ Date _____
Parent/Guardian

Print Name: _____

Return this form with the 1) 2010 Forestry Camp Permission, 2) 2010 Camper Health (sections A and B), and 3) Camper Contract.