



PERMISSION FOR OTC MEDICATION AT CAMP SHADY BROOK

The parent/guardian of _____ ask that Camp Shady Brook staff give the following medication to my camper, according to the Health Care Provider's signed instructions on the lower part of this form.

Camper's Name

Over the counter medication: Camp Shady Brook's health center keeps the medications below in stock and available for campers with authorization. If you would like to send your camper with their own over the counter medication please ensure the medication is labeled with your camper's first/last name and that the medication is in its original packaging.

The camp agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) left at Camp Shady Brook will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's Health Care Provider to share information about the administration of this medication with Camp Shady Brook staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Health Care Provider Authorization

Child's Name _____ Birthdate _____

Medication _____ Dosage _____ Route _____

Special Instructions _____

Purpose of Medication _____

Side Effects to be reported _____

Medication _____ Dosage _____ Route _____

Special Instructions _____

Purpose of Medication _____

Side Effects to be reported _____

Medication _____ Dosage _____ Route _____

Special Instructions _____

Purpose of Medication _____

Side Effects to be reported _____

Continued on next page

Health Care Provider Authorization (Continued)

I choose to accept all medications below

- Acetaminophen (Tylenol)
- Bismuth Subsalicylate (Pepto-Bismol products)
- Chlorpheniramine Maleate (Robitussin Cough and Allergy Syrup)
- Guaifenesin (Mucinex products; Robitussin Cough and Cold CF Liquid)
- Pediculosis Treatment (Nix)
- Pseudoephedrine Hydrochloride (Advil Cold & Sinus products)
- Antidiarrheal (Maalox)
- Calamine Lotion
- Chamomile Tea
- Cough Drops (Generic)
- Diphenhydramine (Benadryl)
- Ibuprofen (Advil)
- Loratadine (Claritin products)
- Poison Ivy Treatment (Ivy-Dry)
- Tolnaftate (Tinactin)

Please list any known side effects the authorized medications above may have on the camper

Sessions camper is in attendance

- 1 2 3 4 5 6 7 8

Signature of Health Care Provider with Prescriptive Authority

Date

Print Name of Health Care Provider

Phone & Fax Number

Signature of Child Care Health Consultant or School Nurse

Date

Colorado's Medication Administration Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 9/2017, Sixth Edition