

MEDICATION	DOSING	FREQUENCY	REASON	PHYSICIAN SIGNATURE
Tylenol, Acetaminophen liquid	160mg/5ml, _____ tsp(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen Jr. tabs	160mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen regular strength	325mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Tylenol, Acetaminophen Extra strength	500mg/tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Advil, Motrin, Ibuprofen liquid	100mg/5ml _____ tsp(s)	q _____ h prn	HA, fever, pain	
Advil, Motrin, Ibuprofen tabs	200mg/ tab _____ tab(s)	q _____ h prn	HA, fever, pain	
Benadryl, Diphenhydramine liquid	12.5mg/5ml _____ tsp(s)	q _____ h prn	Allergic reaction, itching	
Benadryl, Diphenhydramine tabs	25mg/tab _____ tab(s)	q _____ h prn	Allergic reaction, itching	
Dramamine, Dimenhydrinate	50mg/tab _____ tab(s)	q _____ h prn	Motion sickness	
Bonine /Meclizine HCl	25mg/tab _____ tab(s)	q _____ h prn	Motion sickness	
TUMS	_____ tab(s)	q _____ h prn	Upset stomach/acid	
Benadryl, Caladryl lotion	Sting relief (lidocaine)	q _____ h prn	Itching, bug bites	
Sting relief (lidocaine)	Topical	Prn	Bug bites	
Neosporin, triple antibiotic ointment	Topical	Prn	Minor cuts	
Additional Medications				
	_____ tab(s)/tsp(s)/ml	q _____ h prn		
	_____ tab(s)/tsp(s)/ml	q _____ h prn		

I give permission for my child _____ to receive medication during camp hours as prescribed by my physician.

Camper's Name

Physician Stamp

Parent signature

Date

ALL MEDICATIONS MUST BE SENT IN THE ORIGINAL CONTAINER FROM THE PHARMACY OR DRUGSTORE