

NEO Camp Still Water

Over The Counter and Prescribed Medication Request Form

Camper's Full Name: _____

Grade: _____ Age: _____ lb: _____

Camper's Lodge:

Over-the-counter Medication

I request that the camp personnel administer the listed medications to my child as needed. **Unless noted on this form**, medication will be given as directed on package. **NO Medication** will be given without the signed permission from a parent/guardian. Please Note: If your child will be using any OTC medication with any frequency, it should be supplied from home (i.e. cough drops). Campers are Not permitted to have any type of medication with them at any time, with the Exception of **Asthma** and/or **Epi-Pen** medication with the proper forms.

X _____

Parent/Guardian

Date signed _____ Cell# _____

Please list any vitamins, supplements, and/or dietary requirements to be received while at camp.

OTC medication	YES	NO
Tylenol (Acetaminophen)		
Advil (Ibuprofen)		
Pepto Bismol/Mylicon		
Midol (Female Camper)		
Lip Balm		
Hand Lotion		
Saline Eye Drops / Eye Wash		
Tums / Children's Tummy Relief		
Antibiotic Ointment for cuts		
Cortisone Cream		
Benadryl /Allergy Medication		
Sore Throat Spray		
Cough Drops		
Modified Diet		
Sun Screen		
Aloe/ Sun Burn Cream		
Bug Repellent cream/spray		
Other		

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This section only needs filled out, if your child will be using an Asthma Inhaler

Authorization for Student Possession and Use of an Asthma Inhaler

in accordance with ORC 3313.716/3313.14

A completed form Must be provided to the camp medical personnel, nurse, and /or administrator before the stu possess and use an asthma inhaler at camp to alleviate symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Camper's Name:

Camper's address:

This section must be completed and signed by the camper's parent or guardian.

As the Parent/Guardian of this camp, I authorize my child to possess and use an asthma inhaler, as prescribed, at the camp and any activity, event, or program sponsored by on in which the student's camp is a participant.

Signature Parent/Guardian X

Print Name Parent/Guardian X

Date:

Parent/Guardian emergency phone number:

Will the camper keep the Asthma inhaler with them during camp: Yes ____ No ____

Will the camper keep the Asthma inhaler in the office: Yes ____ No ____

Will the camper need the Asthma inhaler to accompany them to off camp grounds at events: Y / N

Name of Drug: _____ Today's Date: _____

Dosage: _____ Route: _____

Specific instructions for camp medic/nurse/administrator: _____

Possible side effects to watch for: _____

Expiration date for this request: _____

Physician's Signature X _____ Date: _____