

Camper's Name \_\_\_\_\_ Session \_\_\_\_\_  
Cottage \_\_\_\_\_

Please complete this form prior to coming to camp. (Send it with the health form.)

### Prescription Medications

A.M. Medication  
(Breakfast)

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Noon Medication  
(Lunch)

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P.M. Medication  
(Dinner/Supper)

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Bedtime Medication  
(9:00 P.M.)

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PRN Medication  
(Taken only as needed)

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### PERMISSION LETTER (Over the Counter Medications)

I, \_\_\_\_\_, hereby give permission for Camp Silver Beach to administer over-the-counter (OTC) medications if the nurse or doctor deems it necessary to my child \_\_\_\_\_. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. These OTC medications may include, but are not limited to:

Acetaminophen (Tylenol)  
Tums  
Immodium AD  
Ibuprofen

Calamine Lotion or Cortisone cream  
Benadryl  
Claritin  
Sudafed PE

Exceptions (not to be given) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_