

Camp Roosevelt Medication Form

Over the Counter Medications

Scout's Name _____ Age: _____
 Unit #: _____ Campsite: _____ Parents Name: _____

Camp Roosevelt has the following over the counter medications available in cases where they are needed on property. Such medications will be provided according to guidelines issued by the Camp Physician. If your child takes over the counter medication on a regular basis, please supply a week's worth for your child to be checked in at the Health Lodge upon arrival. This form indicates what medication(s) you allow the Health Officer to dispense to your child in cases where the medication would be necessary. Please initial such on the form bellow.

Prescription Name	I Give Permission	I DO NOT Give Permission
Tylenol		
Pepto-Bismol		
Antacids (TUMS, Mylanta)		
Benadryl (Allergy)		
Sudafed		
Robotussin		
Sore Throat Drops (Cepacol)		
Motrin (Ibuprofen)		

As the parent or legal guardian of the above child, I hereby give permission to the Camp Roosevelt Health Officer to administer the medications I have stated by initialing above. I understand if I have initialed for specific medications to not be administered, they will not be given to the above child.

Parent/Guardian Signature: _____ Date: _____