



Camp Lakota 2017 - Medication Permission Form

This authorization will give our medical staff permission to dispense medications to your camper. We will need both your and your doctor's signatures. Dose and schedule are as per package recommendation. Please return this form along with your child's medical form to your camp brain account.

Camper's Name _____ Birthdate _____

Medication	Indication	Permission	
Advil (Ibuprofen)	Fever, headache, pain	Yes	No
Tylenol (Acetaminophen)	Fever, headache, pain	Yes	No
Claritin (Loratadine)	Allergies	Yes	No
Zyrtec (Cetirizine)	Allergies	Yes	No
Sun Tan Lotion	Sun Burn /Prevention	Yes	No
Antacids/TUMS	Upset stomach	Yes	No
Milk of Magnesia	Constipation	Yes	No
Dramamine	Motion Sickness	Yes	No
Cough syrup	Congestion/cough	Yes	No
Pepto-Bismol	Nausea/upset stomach/diarrhea	Yes	No
Lozenges	Sore Throat/cough	Yes	No
Decongestant	Congestion	Yes	No
Lotrimin Cream	Rash/allergic reaction	Yes	No
Benadryl	Allergic Reaction	Yes	No
Antibiotic Ointment	Abrasions, cuts	Yes	No
Hydrocortisone Cream	Bug bites, rashes	Yes	No
Eye Wash/drops	As indicated	Yes	No
Auralgan	Earache	Yes	No
Silvadene Cream	Burn	Yes	No

Parent Signature _____

Physician Signature _____

Print Parent Name _____

Physician stamp:

Date _____

Date _____