Over-the-Counter Medication Permission Form

Date .....

Camper's Last Name ..... Camper's First Name .....

Allergy(ies) .....

Age……Weight…….

I give the camp medical staff permission to administer the following over-the-counter medications, should the need arise, while my child is at the HMI Christian Hockey Camp.

Please check off the medications that are approved and sign below:

- ❑ **Advil** (*Ibuprofen)*
- ❑ **Allergy tabs** (*Antihistamine)*
- ❑ **Anti-itch cream** (*Benadryl)*
- ❑ **Calamine Lotion**
- ❑ **Gravol**
- ❑ **Tinactin Powder** (*tolnaftate - local anti-infective for itchy feet)*
- ❑ **Topical antibiotic ointment** *(e.g. Polysporin)*
- ❑ **Tums**
- ❑ **Tylenol (***Acetaminophen)*

Please ensure that your child is equipped with ample Band-Aids, "Second Skin" and antibiotic ointment for treating minor blisters. Also, if your child has any severe allergies, please ensure he/she comes to camp with an EpiPen.

❑ I give permission for the medical staff or my child to call me (should it be deemed necessary) at: ( ) .....
Area code Phone Number

Parent/Guardian's Name .....

Parent/Guardian's Signature .....

Remember that no over-the-counter medications can be kept in your child's room. They all must be labeled with the child's name and turned in to the camp nurse.

Please bring this form with you to camp and give it to the camp nurse at registration.