

OTC Medicine Approval

Camper Name: _____ Gender: _____

Parent(s) Name: _____

Contact Numbers (list all we can reach you at):

Please check all that you give permission to Cindy Starr or Dawn Farmer to administer if deemed necessary.

- Tylenol
- Throat Lozenges
- Caladryl Lotion
- Tums
- Pepto Bismal
- Neosporin
- Hydrocortisone Cream
- Ibuprofen
- Immodium

Other Notes:

Parent Signature:

Date:
