



CAMP AUTHORIZATION FOR OTC MEDICATION

Name of Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION:**

Over the Counter (OTC) Medication may at times need to be administered, if approval is indicated by the camper’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications while under the supervision of the Rosehill Christian School’s Summer Camp Programs. Note: Unless we have parental authorization, we cannot administer ANY medications.

**I hereby authorize that the following medications may be given to \_\_\_\_\_ should the need arise.**

**(please print student’s name)**

Only the medications indicated may be dispensed as needed:

\_\_\_\_\_ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

\_\_\_\_\_ Tylenol/Acetaminophen as directed.

\_\_\_\_\_ Aspirin/Ibuprofen as directed.

\_\_\_\_\_ Throat lozenges and or spray as directed for sore throat.

\_\_\_\_\_ Micatin or anti-fungus treatment as directed for athlete’s foot.

\_\_\_\_\_ Kaopectate or Imodium for diarrhea as directed.

\_\_\_\_\_ Pepto Bismol or Mylanta for upset stomach or nausea as directed.

\_\_\_\_\_ Roloids or Tums for acid reflux, heartburn or indigestion as directed.

\_\_\_\_\_ Benadryl for swelling, hives, allergic reaction, as directed.

\_\_\_\_\_ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.

\_\_\_\_\_ Visine or other eye drops for minor eye irritation.

\_\_\_\_\_ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.

\_\_\_\_\_ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.

\_\_\_\_\_ Medicated powder for skin irritation as directed.

\_\_\_\_\_ Robitussin or other cough syrup as directed.

\_\_\_\_\_ Calamine lotion for bug bites.

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Bug repellent

RCS reserves the right to use generic equivalents when available for the name brand OTC medications listed above.

**Please initial below indicating you have read, understand & agree to the following:**

\_\_\_\_\_ I understand that such administration will not be done under the supervision of medical personnel. I also agree that first aid treatment may be given as needed.

\_\_\_\_\_ I understand that these OTC medications are not necessarily kept on hand and available to be administered immediately.

\_\_\_\_\_ I authorize the administration of OTC medications to my child as indicated above. I shall indemnify and hold harmless Rosehill Christian School, its Board of Directors, Administration, Faculty, Staff, and/or designees against any claims that may arise relating to my child being administered the above indicated OTC medications.

\_\_\_\_\_ I (we) have legal authority to consent to medical treatment for the athlete named above, including the administration of medication while my child is under the supervision Rosehill Christian School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Primary Contact Phone Number