



OTC Form

Permission to Treat with "Over-The-Counter Medications"



Cub Creek Science Camp

Return by April 1st to 16795 Hwy E, Rolla, MO 65401

Camper's Name _____ Camp Session Week 1 2 3 4 5/6 7/8 9/10

Any camper can experience unexpected illness at camp. Our Camp Nurse will be available to treat mild conditions and treatable illnesses at camp. Any serious conditions requiring prescription medication, emergency treatment or a physician's specialized care, are handled with a trip to the emergency room, the urgent care clinic or our on-call doctor's office.

Parents will be notified if outside care is required.

We keep a good supply of over-the-counter medications available at all times. Therefore, campers do not have to bring a collection of over-the-counter medication "just in case". Please let us know what medications we can or can not use for your child. Sign and date the bottom of this form.

CHECK THIS BOX IF ALL OF THE FOLLOWING MEDICATIONS ARE OKAY FOR YOUR CHILD TO USE.

If your child has a problem with any of the medications below please indicate with an X.

- | | |
|--|--|
| ____ Neosporin | ____ Visine, Murine, Clear Eyes AC |
| ____ Caladryl/Calamine Lotion | ____ Contact Lens Cleaner/Rewetting Solution |
| ____ Hydrocortisone 1% cream | ____ Acetaminophen |
| ____ Solarcaine | ____ Ibuprofen |
| ____ A&D Ointment | ____ Midol/Pamprin |
| ____ Vaseline | ____ Children's Tylenol/Motrin |
| ____ Bactine | ____ Sudafed/Dimetapp |
| ____ Peroxide | ____ Robitussin/Guaifenesin |
| ____ Isopropyl Alcohol | ____ Actifed |
| ____ Betadine Solution 10 % solution | ____ Claritin |
| ____ Anbesol/Orajel | ____ Benadryl |
| ____ Cloraseptic spray/lozenges | ____ Immodium |
| ____ Cepal Mouthwash | ____ Kaopectate |
| ____ Benadryl | ____ Milk of Magnesia |
| ____ Ben-Gay/Muscle Rub | ____ Gas-X/ Simethicon |
| ____ Daricose Irrigant Solution, Callyrium, Sterile Saline | ____ Tums/Calcium Carbonate |

I (parent or guardian) hereby give permission to Cub Creek Medical Personnel to administer the above over the counter medications if needed, unless otherwise indicated by an **X**. Dosages will be administered according to directions on the bottle, unless a physician directs otherwise. Parents will be notified if any condition requires more than a 3 hour stay in the Health Lodge or if treatment will need to be continued after the camper returns home.

Signed: _____ **Date:** _____