



**OVER-THE-COUNTER (OTC)
MEDICATION AUTHORIZATION FORM
SUMMER PROGRAM 2020**

Student Name: _____ **DOB:** _____

I/We, _____, the parent(s) or legal guardian(s) of the camp participant stated above hereby authorize and request authorized MacDuffie School personnel to administer the over-the-counter (OTC) medication(s) marked below to my child as is deemed reasonably necessary and appropriate. I agree to notify the school nurse in writing of the termination of this authorization or when any changes are necessary.

****Before granting school permission to administer OTC medication, please check with your doctor/pharmacist that the medications below do not interact with any medications your child may already be taking.**

I release the school and its personnel from any and all liability should an adverse reaction occur as a result of medication interaction with undisclosed regular medication. _____(parent initial)

OTC medications will be given at the manufacturer’s recommended dosage for the appropriate age/weight. ****Participants are NOT permitted to keep OTC medications with their personal belongings, unless approved by the nurse.**

Choose one option:

1. _____ I approve **ALL** medications listed below
2. _____ I approve **SOME** medications listed below (check individual approved meds only)
3. _____ I do **NOT** want OTC medications given to my child

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Saline eye rinse |
| <input type="checkbox"/> Ibuprofen (Motrin/Advil) | <input type="checkbox"/> Muscle rub (i.e icy hot) |
| <input type="checkbox"/> Benadryl antihistamine (generalized allergic reaction) | <input type="checkbox"/> Antibiotic cream (i.e. Bacitracin, neosporin) |
| <input type="checkbox"/> Antacid (i.e. Pepto Bismol, Tums) | <input type="checkbox"/> Hydrocortisone cream (i.e Cortaid) |
| <input type="checkbox"/> Cough Drops (i.e. Halls) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Meclizine (for nausea/dizziness, i.e dramamine) | <input type="checkbox"/> Oral numbing agents (i.e orajel, chloraseptic) |

The MacDuffie Camp is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medication must be given daily longer than 10 days, please submit a Medication Authorization Form and supply medication.

****This authorization expires on the last day of summer camp in the year listed above****

(Signature of Parent or Guardian) (Date)