



# Prescription and Over-the-Counter Medication Permission Form

Name \_\_\_\_\_

It is EYF program policy to keep all prescription and over-the counter medications in a secure place monitored by EYF program health staff or team leaders. **We ask that at check-in, parents and campers give all prescription medications that may be needed during the one week camp session to EYF health staff.**

## Camper’s Current Prescription Medications

**Please complete the attached EYF Medication Record and return it with these medication forms.**

**Important! Please list here any medication allergies and/or first aid supply allergies:**

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## Over-the-Counter Medications Available at EYF for Campers with Permission

The following over-the-counter medications are available from EYF health staff. Please indicate if you give permission for your child to take each of these medicines “as needed” by checking yes or no. Only medicines that are checked “yes” and determined to be necessary will be administered at the discretion of a registered nurse. Administration of these medicines will be per label instructions unless otherwise indicated by your physician.

### Drug Name

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Tylenol (discomfort/fever)                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Advil (discomfort/fever)                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Throat Lozenges ( throat irritation, cough)     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Benadryl (allergies)                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Chloraseptic Spray (throat irritation)          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cortizone Cream (topical) for skin irritation   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Visine (regular and allergy) for eye irritation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Milk of Magnesia (constipation)                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Imodium (diarrhea)                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Mylanta (stomach upset)                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Tums (heartburn/stomach upset)                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Acetic Acid (swimmer’s ear)                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child and I have been informed of and understand the following EYF program policies regarding the use of “as needed” medication.

- 1.Campers are responsible for informing EYF staff that they need to take their “as needed” medication.
- 2.Campers may not share **any** medication with other campers and may not sell their medication to other campers.

Parent’s name (please print): \_\_\_\_\_

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_