



Prescription and Over-the-Counter Medication Permission Form

Name _____

It is TechGirlz program policy to keep all prescription and over-the counter medications in a secure place monitored by TechGirlz 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 TechGirlz health staff.**

Camper's Current Prescription Medications

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

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

Over-the-Counter Medications Available at TechGirlz for Campers with Permission

The following over-the-counter medications are available from TechGirlz 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)

Yes No

Acetic Acid (swimmer's ear)

Yes No

Comments _____

My child and I have been informed of and understand the following TechGirlz program policies regarding the use of "as needed" medication.

1. Campers are responsible for informing TechGirlz 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: _____