

Ruggles Camp and Retreat Center Medication Form

I give permission for my child, _____, to receive the following OTC medications on an "as needed" basis. Unless directed otherwise, medication will be administered as directed on the package labeling. Please indicate your preference:

| OTC/Ointments and Medications | Uses | Indicate preference below: |
|--------------------------------------|--|----------------------------|
| A&D ointment | minor cuts and chafed shin | YES NO |
| Ibuprofen (Motrin) 200mg | Pain | YES NO |
| Acetaminophen (Tylenol) | Pain | YES NO |
| Hydrocortisone 1% Cream | Rash and insect bites | YES NO |
| Bismuth Subsalicylate (Pepto Bismol) | Diarrhea, heart burn, and upset stomach | YES NO |
| Calamine lotion | Poison ivy | YES NO |
| Diphenhydramine HCL (Benadryl) | Allergic reactions | YES NO |
| Lortadine 10mg (Claritin) | Sneezing, runny nose, itchy throat or nose | YES NO |
| Triple antibiotic ointment | Minor cuts | YES NO |
| Mosquito Repellent | Repel mosquitoes | YES NO |
| Sunscreen | Prevent sunburns | YES NO |

Please list below all prescription medications and any additional OTC medication that needs to be administered to your child, either on a scheduled basis and/or "as needed"; Use additional paper if necessary.

| NAME OF MEDICATION | DOSAGE | HOW OFTEN TO BE GIVEN | HOW TAKEN | EXPIRATION DATE | REASON FOR TAKING MEDICATION |
|--------------------|--------|-----------------------|-----------|-----------------|------------------------------|
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Signature of Parent/Guardian: _____

Date: _____