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 dire'med otherwise, medication will be administered as directed on the package labeling. Please indicate vour orefi

OTC/Ointments and Medications	Uses	Indicate oreference 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 Subsalicvlate (Peoto Bismol)	Diarrhea, heart burn, and unset stomach	YES	NO
Calamine lotion	Poison ivv	YES	NO
Diohenhydramine HCL ffienadrvl)	Allergic reactions	YES	NO
Lortadine 10mg (Claritin)	Sneezing runnv nose itchv throat or nose	YES	NO
Triple antibiotic ointment	Minor cuts	YES	NO
Mosquito Reoellant	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 hild, either on a scheduled basis and/or "as needed": Use additional paper if necessarv.

NAME OF MEDICATION	DOSAGE	HOWOFTEN TOBE GIVEN	HOW TAKEN	EXPIRATION DATE	REASON liOR TAKING MEDICATION

Signature of Parent/Guardian: **Date:** _____