

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

Signature of Parent/Guardian: _____

Date: _____