



Over-the-Counter (OTC) Medication Form

(required for all campers and staff under 18)

Camper's Full Name: _____

Camper's Date of Birth: _____

Note to Parents: All medication (prescription, homeopathic or over-the-counter) must be submitted in original prescription packaging or container to the Health Director at check-in. Aside from emergency medications (such as an Epi-pen or emergency inhaler) your child is not allowed to keep any medications on their person while at camp.

How would you like Beaver Camp to administer Over-The-Counter (OTC) medications to your child while he/she is participating in a Beaver Camp program this summer? (select one)

I do NOT want my child to receive OTC medications (*Initial in the box below and submit form.*)

I choose NOT to have our physician write orders for my child. I understand that no over-the-counter medications will be administered to my child. If medications are deemed necessary, I will be contacted to make personal arrangements to do so. **PLEASE NOTE:** if your child is attending an off-site wilderness trip it is strongly recommended that you have your physician complete the form below due to the remote nature of such trips.

Parent Initials _____

I authorize my child to receive OTC medications as needed per his/her provider's instructions below.

(Your child's physician MUST complete the information below for our staff to give your child OTCs.)



TO BE COMPLETED BY A PHYSICIAN

The following over-the-counter medications are available in Beaver Camp's Health Center and will be administered by the camp staff as directed by the child's physician. The child's physician may also include orders for additional over-the-counter medications that the parent will be supplying (ie: Zyrtec, Allegra, etc.).

Drug Name	Route	Dosage	Schedule and Indications	Comments
Tylenol (Acetaminophen)	PO Only		Q 4hr prn :	
TUMS (Calcium Carbonate)	PO Only			
Advil (Ibuprofen)	PO Only		Q 6-8 hrs prn:	
Benadryl (Diphenhydramine)	PO Only		Q 6 hrs prn:	
Claritin (Loratadine)	PO Only			
	PO Only			
	PO Only			

Additional Physician Orders (to be implemented by the camp staff; i.e. dressing changes, cast care, etc.):

Provider Information: Name: _____ Phone # _____

Address: _____ License # _____

Provider's Signature: _____ Date: _____

Submit forms by FAX (315-376-7011), EMAIL (office@beaver.camp), or MAIL (8884 Buck Point Rd., Lowville, NY 13367)

CAMPER NAME (Last, First): _____

CAMP _____

WEEK _____

YEAR _____