

**Delaware Burn Camp Corp.
Medication Authorization**

Camper Name: _____ Age _____

The camp nurse may give nonprescription medication to campers with certain guidelines and with parental permission. Listed below are medications that your child may receive at camp. **PLEASE CHECK THE ONES THAT THE CAMP NURSE MAY GIVE TO YOUR CHILD.**

If you do not want the nurse to administer any medications unless you are notified first, please sign here. _____

List any allergies to medications (if none please write none) _____

- | | |
|-------------------------------|-------------------------|
| ___ Acetaminophen (Tylenol) | ___ Anbesol (toothache) |
| ___ Ibuprofen (Advil, Motrin) | ___ Calamine lotion |
| ___ Neosporin ointment | ___ Bacitracin ointment |
| ___ Hydrocortisone cream | |

Medications will be administered according to directions on the bottle unless you indicate otherwise.

Prescription Medications

If it is necessary for your child to receive prescription medication during camp, please do the following:

1. Send the medication to camp to be received by the camp nurse.
2. SEND MEDICATION IN **ORIGINAL CONTAINER** PROPERLY LABELED WITH CHILD'S NAME, DOSE, FREQUENCY AND DATE.
3. Complete the information below for each medication (use back of form if needed)
 - a. Medication _____
 - b. Dose _____ Times usually given _____
 - c. Reason for medication _____
 - d. Number of tablets sent _____
 - e. Amount of liquid sent _____
 - f. Inhaler sent Y N _____

Parent/Guardian signature _____

Date _____