

I hereby give permission for **Camp Mi-Te-Na or Camp Foss** to administer to my child, _____, the following **Over-The-Counter** medications as the nurse deems necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. "Routine health care", may include but is not limited to these treatment procedures. The Camp Program Management Guidelines (Standing Orders) prescribed by Alton Family Medicine will take precedent when treating individuals at camp.

Acetaminophen
Anbesol
Bacitracin
Benadryl (Diphenhydramine)
Caladryl
Chloraseptic Spray/Lozengers
Dayquil/Nyquil
Dimetapp
Delsym
Hydrocortisone Cream (Anti Itch Cream)
Ibuprofen
Immodium or Kaopectate
Ivy Rid
Loratadine
Maalox
Milk of Magnesia
Midol
Mylanta
Mucinex
Robitussin, Robitussin DM
Sudafed (Pseudoephedrine)
Tolnaftate/Tinactin Cream (Antifungal)
Triaminic
Tums

Parent/Guardian Signature

Date