



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

**AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION TO CAMPER
(TO BE COMPLETED BY PARENT/GUARDIAN)**

Name of camper _____ Date of attendance _____

Please check off which non-prescription medications you give permission to be administered by the Health Care Manager to the above named camper on an as needed basis. All over the counter medications for campers shall be kept in the original containers containing the original labels, which shall include directions for use.

We stock the following medications so you do not need to bring them with you!

- Acetaminophen(Tylenol):** To relieve headaches, minor aches, fever, menstrual cramps. Contains no aspirin.
- Ibuprofen(Motrin/Advil):** To relieve headaches, tooth aches, minor aches, fever, menstrual cramps. Contains no aspirin. *Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.
- Dyphenhydramine(Benadryl):** Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.
- Cough Drops:** Quiets cough.
- Liquid antacid (Mylanta/Maalox):** Provides temporary relief of acid indigestion and/or nausea.
- Sunscreen/insect repellent:** (may be applied by counselors)
- Topical ointments(Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine):** To protect against infection or relieve itching/pain from insect bites, rashes or superficial burns.

I understand that for any prescribed medications, or over-the-counter medication not listed above, to be administered by the camp staff, an authorization form from the camper's own doctor will need to be completed. This form was included in the confirmation packet and can be duplicated if required. Each prescribed medication will need an individual authorization.

I further understand, that all medications, both prescribed and over the counter, are required to be in the original container. This requirement covers vitamins and homeopathic remedies.

Parent/Guardian Signature _____ Date: _____

DATE OF ADMINISTRATION

TIME

ADMINISTRATOR'S SIGNATURE