

Over the Counter Medications - 2008

I hereby give permission for Camp Nor'wester to administer specific over-the-counter medications, or their generic equivalent, to my child if the nurse/nurse practitioner deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

The over-the-counter medications listed below will be stored in the Health Center. The camp nurse will dispense these medications. All medications will be given based on symptoms and appropriate dosages as stated on all medication packaging. Allergies and contraindications will be checked for every person before administering non-prescription medications.

Advil	Vitamin C	Imodium A-D
Benadryl	Sucrets	Peptobismol
Claratin	Halls cough drops	Maalox
Sudafed	Hydrocortisone Cream	Kaopectate
Actifed	Lotrimin AF cream	Metamucil
Robitussin DM	Bacitracin	
Tylenol,	Zinc oxide	
regular and extra strength	Tolnaftate cream	

Cross out any medications listed above that your child should not receive.

Session: _____ Unit: _____ Date: _____

Parent signature _____

Name of camper: _____

(Please complete second page)

Medications at Camp - 2008

- ❖ All pill-form medications sent to camp (prescribed and over the counter) **must** be repackaged by a pharmacist into a 'bubble-pack', clearly marked with your child's name, the medication and the dosage to be administered. This eliminates double handing of medications and will ensure accurate and timely distribution. Local, independent pharmacists will likely provide this service, either free of charge or for a fee. Larger, chain store pharmacies will be less likely to provide this service. Your physician may also be able to provide some assistance.
- ❖ Any medications that cannot be bubble-packed (inhalers) must come in the **original packaging/bottle** that identifies the name of the medication/ supplement, the dosage, and the frequency of administration. The container for a prescription must have the original label containing the name of the prescribing physician, the patient's name, date, and dosage instructions.
- ❖ If possible, please send enough medication to last for the duration of your camper's stay at camp.
- ❖ If a medication is non-essential (multi-vitamins/fluoride, etc) we ask that you seriously consider not sending the medication at all. If these medications are sent to camp they need to be repackaged as requested above.
- ❖ If your child suffers from environmental allergies we consider Claritin-type medication essential and encourage you to send a supply with your camper.

IMPORTANT NOTE: On the day that your child comes to camp, please put all medications into a plastic Zip-loc type bag labeled with your child's name. **DO NOT PACK MEDICATION IN TRUNK.** Have your child put this package in his/her daypack. The child's counselor will collect these packets just before the campers get onto the charter boats and will give them to the nurse upon arrival at the camp.

Check one:

_____ This person takes NO medications/supplements on a **routine** basis.

_____ This person regularly takes medications/supplements as follows: (Attach additional pages if necessary)

Medication/Supplement _____ Dosage _____
Specific times taken each day _____
Length of time child has been on this medication/dosage _____
Reason for taking _____

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(Please complete other page)