

Camp Lawton Summer Camp 2016

Medication Release Form

Parent/ Guardian Name _____

Phone _____

Unit #: _____

I _____ consent to the administration of my child's medication _____ to be self-administered. I believe my child _____ to be mentally competent to care for self and the medication that he is administering. The medication is for _____ . He only has enough medication for the number of days he is at camp. This amount of medication is not dangerous if taken all at once. I hold only him responsible for the misuse of this medication.

(Please initial if) I give permission for my son to receive:

_____ Tylenol 500mg or _____ Tylenol 1000mg for headache or mild pain

_____ Ibuprofen 200mg or _____ Ibuprofen 400mg for headache or mild pain

_____ Zertec (Cetirizine) 10mg for hay fever allergies

_____ Benadryl 25mg for allergy to something at camp.

_____ OTC medication for Diarrhea or Constipation

Signature _____ Date _____

If this medication is dangerous to anyone if taken all at once it needs to be kept at the Health Office and regulated by the Health Professionals provided at the camp. Exceptions are made case by case. Please see Nurse. Sarah Hughes RN 520-730-1126 sarah.hughes@cox.net