

CAMP TAMARACK

Permission to Administer Over-the-Counter Medications

I _____ (parent or guardian) hereby give permission for Camp Tamarack to administer over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. Examples of over-the-counter medications include *(but are not limited to)*;

Headache	Tylenol®
Upset Stomach	Pepto Bismol®
Diarrhea	Immodium AD®
Menstrual cramps	Ibuprophen®
Poison Ivy	Calamine Lotion or CortAid®

Signed _____ Date _____
(Parent or Legal Guardian)