

Diocesan Camp at Kirchenwald - 2023

PERMISSION FOR ADMINISTERING 'AS NEEDED' MEDICATIONS

I, _____, parent/guardian of _____, do hereby grant permission for my son/daughter to be administered over the counter medications as determined appropriate by a camp nurse, with exceptions as noted below.

Signed: _____ Date: _____

Relationship to Participant: _____

PRN "as needed" Medications: (please checkmark any medications that are **NOT ACCEPTABLE**)

_____ Tylenol 325 mg (2 tablets) every 4 hours as needed for headache, mild pain or fever.

_____ Ibuprofen 200 mg (2 tablets) every 4-6 hours as needed for headache, mild pain or fever.

_____ Coricidin D (2 tablets) every 4 hours as needed for cold symptoms.

_____ Robitussin DM 1 tbsp. Every 4 hours as needed for cough.

_____ Throat Lozenges 1 every 2-4 hours as needed for sore throat.

_____ Kaopectate 2 tbsp. (liquid) or 2 caplets after each loose stool (diarrhea).

_____ Emetrol 1-2 tbsp. Every 15 minutes until distress subsides.

_____ Alka-Seltzer 2 tablets dissolved in water every 4 hours as needed for indigestion.

_____ Tagamet HB 2 tablets every 12 hours as needed for heartburn

_____ Tums

_____ Milk of Magnesia (see label)

_____ Cortisone Cream

_____ Neosporin

_____ Sunscreen as needed

Alternative PRN 'as needed' Medications: (please list any alternative PRN's that volunteer will bring to camp)
