

The Wayfinder Experience Over the Counter and Prescription Medication Form

The following over-the-counter medications can be administered as needed per label instructions by age and weight of the camper. **Absolutely no medications**, treatments, or topical ointments can be administered without a physician and parent's signature. **All medications (over the counter and prescription) must be in original bottles.** We suggest sending just the amount needed for camp, and having prescriptions filled in two bottles so you can send one to camp.

Camper Name and Date of Birth _____

Physician Name, Practice Name and Phone Number _____

TO THE PROVIDER: Please, indicate approval for administration by selecting the check boxes below and signing

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Robitussin or other cough medicine |
| <input type="checkbox"/> Antibacterial Ointment | <input type="checkbox"/> Robitussin DM |
| <input type="checkbox"/> Antihistamines (Benadryl, Diphenhydramine) | <input type="checkbox"/> Sting Swabs |
| <input type="checkbox"/> ASA (Aspirin) | <input type="checkbox"/> Sunburn Spray (Solarcaine) |
| <input type="checkbox"/> Cortaid | <input type="checkbox"/> Sudafed |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Tums (Calcium Carbonate) |
| <input type="checkbox"/> Emergency Eyewash Solution | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hydrocortisone Cream 1% | <input type="checkbox"/> Prescriptions (List below, or add additional sheet) |
| <input type="checkbox"/> Melatonin | |
| <input type="checkbox"/> Ibuprofen (Advil) | |
| <input type="checkbox"/> Dimetapp | |

Physician Signature _____

Date _____