

## Hawk Mountain Scout Reservation Over-The-Counter Medications

Name of Camper: \_\_\_\_\_

Age: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Camp Site Name: \_\_\_\_\_

Hawk Mountain Scout Reservation Health Lodge has the following medications available for campers. As the Parent or Legal Guardian you can give permission for the Health Lodge Medical officer to administer any of the following medications by placing your initials in the column next to the appropriate medication.

Name of Medication	Initial of Parent to Allow the Health Officer To Administer Medication
Tylenol, Regular Strength	
Tylenol, Chewable	
Tylenol Cold	
Pepto-Bismol Regular Strength	
Mylanta	
Benadryl Allergy	
Sudafed	
Robitussin Liquid	
Cepacol	
Ibuprofen	
Alka-Seltzer	
Tums Anti-acid	
Hydrocortisone Anti-Itch Cream	

**NOTE:** The items listed above will be under lock and key at the Health Lodge. If there are any over-the-counter medications that are not on the list and need to be available, please add them in the blank spaces and initial the second column.

As Parent or Legal Guardian of the above named camper, I give the Health Lodge Medical officer permission to administer **ONLY** the medications that I have initialed in the column next to the medication. I understand that if I have not initialed the item, the Health Lodge Medical officer may not administer that medication.

Date: \_\_\_\_\_ 20\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

As Parent or Legal Guardian of the above named camper, I do **NOT** give permission for the Health Lodge Medical officer to administer any over-the-counter medications. In the event that the camper needs one of the medications, the Health Lodge Medical officer will contact one of the Parents or Legal Guardians. Please give the Health Lodge Medical officer the following information:

Name of Parent or Legal Guardian: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Night Time Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_