

Medication Consent Form

I, _____, give the Bethel Park Kids Kamp nurse, permission to administer the
(name of parent/guardian)

following “over the counter” medications to

(name of camper)

1. Tylenol (Acetaminophen) or Motrin (Ibuprofen) [circle one] for headaches or temperatures greater than 101 F.
2. Maalox/Mylanta for upset stomach
3. Pepto-Bismol for upset stomach/ diarrhea
4. Other _____

Parents will be notified if fever is greater than 101 F

(Parent or Guardian Signature)

(Date)

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