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Permission for Administration of Over-the-Counter Medication

I _____ hereby give permission for
(Parent/guardian first, last name)
Camp Beech Cliff to administer the following over-the-counter
medications to _____ if the Nurse/EMT deems it
(Camper's first, last name)
necessary.

Dosages will be administered according to directions on the bottle,
unless a physician directs otherwise.

Sore Throat	Vitamin C drops
Headache	Tylenol/Ibuprofen(Advil)
Upset Stomach	Pepto Bismol
Menstrual Cramps	Ibuprofen(Advil)
Poison Ivy	Calamine Lotion/Cortaid

Signature of Parent/Guardian _____

Date: _____