2022 Camp Parent/Guardian Authorization, Waiver, and Consent form for Over-The-Counter Medications

Over-the-Counter (OTC) Medications may at times need to be administered, if approval is indicated by the camper’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. Note: Unless we have parental/guardian/or physician authorization, we cannot administer ANY of OTC medications.

I hereby authorize that the following medications may be given to (Camper Name) __________________ if the need arises during the week(s) of __________________________. You may dispense only those checked.

Pain Management/Cold Symptoms
_____ Tylenol/Acetaminophen as directed.
_____ Advil/Ibuprofen as directed.
_____ Aspirin as directed.
_____ Benadryl/Diphenhydramine as directed for nasal congestion or allergy relief as per instructions.
_____ Throat lozenges and or spray as directed for sore throat.
_____ Robitussin or other cough syrup as directed for cough.

Stomach Issues
_____ Kaopectate or Imodium for diarrhea as directed.
_____ Milk of Magnesium, stool softener, glycerin suppository, or enema for constipation as directed.
_____ Pepto Bismol or Mylanta for upset stomach or nausea as directed.
_____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed.

Misc.
_____ Visine or artificial tears for minor eye irritation.
_____ Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed.
_____ Swimmer’s ear drops as directed.
_____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
_____ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
_____ Calamine lotion for bug bites and poison ivy.
_____ Sunscreen
_____ Bug repellent
_____ Other (list any other approved over-the-counter drugs, dosage and reason for giving)

Camp Staff reserves the right to use generic equivalents when available for brand over-the-counter medications listed above.

Any condition that is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with camper’s parents and camp’s physician advisor. Parent/guardian will be contacted if any conditions develop requiring any of the over-the-counter medications not checked, or if camper needs medical treatment.

I authorize the administration of the over-the-counter medications to my camper as indicated above. I shall indemnify and hold harmless the Camp Staff, and Easterseals Colorado, against any claims that may arise relating to my camper being administered the above indicated over-the-counter medications by the camp medical staff.

I/We have legal authority to consent to medical treatment for the camper listed above, including the administration of over-the-counter medication while at Rocky Mountain Village.

Parent/Guardian Signature: ____________________________ Date: ____________________________