



# Confidential Over-The-Counter Medication Form

This form needs to be filled out, signed by a parent if you will allow the camp to give your child the selected medications.  
Please return this form by email (SSFS.Camp@ssfs.org), fax (301-830-6847), or postal mail  
(Camp Office, 16923 Norwood Road, Sandy Spring, MD 20860.)

Camper's full legal name/nickname: \_\_\_\_\_ ☐ Male ☐ Female

## I ALLOW THE CAMP TO GIVE MY CHILD SELECTED MEDICATIONS

*Parents/guardians may select over-the-counter medications by INITIALING beside the medication and signing below. Parent signature is required by the state of Maryland for any of the following items listed below to be administered.*

These medications may be administered to my child (parent/guardian initials are needed by EACH item):

_____ Acetaminophen (Tylenol)	_____ Calamine Lotion
_____ Benadryl (Oral)	_____ Ibuprofen (Advil)
_____ Benadryl Gel/Spray	_____ Neosporin
_____ Bismuth Subsalicylate	_____ Throat lozenges/cough drops
_____ (Pepto Bismol)	_____ Calcium Carbonate (Tums, Children's Pepto)

*Refer to the Parent Handbook regarding the use of Sunscreen from the Office of Environmental Health and Food Protection.*

I release the camp and its personnel of any liability related to the administration of the over-the-counter medication listed.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_