



# 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<br>(Pepto Bismol) | _____ Throat lozenges/cough drops                |
|   | _____ 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: \_\_\_\_\_