



Conseil du Québec Council
Réserve scoute Tamaracouta Scout Reserve

OVER-THE-COUNTER MEDICATION PERMISSION FORM

Camper's/Staff's Name: _____

Group youth is at camp with (if applicable): _____

I give the camp medical staff permission to administer the following over-the-counter medications*, should the need arise, while my child is at Tamaracouta Scout Reserve Camps.

* The camps maintain a supply of these medications; however, **if your child uses any on a regular basis then you must send their own supply.**

Please mark an "X" on the line beside each medication(s) that you give us permission to administer as required:

Acetaminophen (eg: *Tylenol*)

Ibuprofen (eg: *Advil*)

After bite ointment

Anti-itch cream (eg: *Benadryl*)

Allergy (Antihistamine) **pills or liquid** (eg: *Benadryl, Claritin*)

Calamine Lotion

Gravol

Kaopectate (anti-diarrheal medicine)

Lactulose (for constipation)

Polysporin or Bactroban ointment (antibiotic cream for wounds)

Sun cream lotion (campers should bring their own)

Tums or other antacid medication

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Phone number (during the week your child is at camp)

Thank you
Camp Nurses