Kalamazoo Nature Center Camp

Permission to Administer Medication

Camper Name: _____
First Middle Last

Gender: Female/Male Birth Date: _____ Camp Session Attending_____

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please list all medications the child is taking below (information to be given to health-care professionals in case of emergency.)

Name of medication	Date started	Reason for taking	When given	Amount/Dose	How given	Taken at camp?

Non Prescription Medication: The following non-prescription medications may be stocked in the camp Health Center and are used on an as-needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Aloe
Benadryl/Diphenhydramine antihistimine
Calamine lotion
Sunscreen
Tylenol/Acetaminophen - pain reliever
Advil/Motrin/Ibuprofen - pain reliever
Pepto Bismol/Kaopectate/Bismuth subsalicylate

If your child will be taking medication while at camp, provide enough of each medication to last the entire time they will be at camp. Medications must be brought in the original pharmacy container and should only the medication needed while at camp. I understand that unused medications are not carried home by the camper. Medications are returned to the parent/guardian at check-out.

Parent/Guardian Signature_____Date_____
Relationship to Camper_____