

This form is **OPTIONAL**. It is only required if medication needs to be administered at camp.

Administration of Medications Release Form

In order to dispense any medications (prescription or non-prescription) to our campers, we must have this completed form. While this form is **OPTIONAL**, **it MUST BE SIGNED BY THE PARENT AND THE PHYSICIAN** if the Camp needs to administer any medication to your child.

Camper Name: \_\_\_\_\_

Name of medication to be administered: \_\_\_\_\_  
\_\_\_\_\_

The condition for which the medication is being used and any cautionary information specific to the medication: \_\_\_\_\_  
\_\_\_\_\_

Instructions for administration, including the dosage and frequency of administration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Physician Signature Date

**(Complete reverse side)**

Please return to: Black Bear Lake Day Camp  
457 Stage Coach Rd.  
Clarksburg, NJ 08510  
Fax: (609) 259-2248

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**NON-PRESCRIPTION MEDICATIONS**

It is required that this form is filled out by a physician in order for our nurse to dispense over-the-counter non-prescription medication to your child when needed.

*Standard Over the Counter Medications* (to be administered at the discretion of the Nurse)

Drug	Schedule	Permission to Administer	Comments
Tylenol	Every 4 hrs. for pain or fever	Yes / No	
Ibuprofen	Every 6 hrs. for pain or fever	Yes / No	
Robitussin	Every 4 hrs. as needed for cough	Yes / No	
Children's Mylanta	2 - 3 times a day as needed for upset stomach	Yes / No	
Dimetapp	Every 6-8 hrs. for nasal decongestion / drainage	Yes / No	
Benadryl	Every 6 hrs. for allergic reaction (hives, insect bites)	Yes / No	

Camper Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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