

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 staff under the age of 18, 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 the staff member.

Staff 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	

Physician's Signature: _____ Date: _____

Physician's Name (print): _____

Address: _____ Telephone: _____

Parent's Signature: _____ Date: _____

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