

I (parent) hereby give permission for Camp YMCA Friendship to administer the following **over-the-counter medications** if the nurse deems it necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. "Routine health care", may include but is not limited to these treatment procedures. The Standing Orders will take precedent when treating individuals at camp.

Headache -	ACETAMINOPHIN	Athletes foot -	TINACTIN
Upset Stomach –	TUMS	Sunburn -	HYDROCORTIZONE
Diarrhea –	IMMODIUM	Cold Sores -	AMBESOL
Menstrual Cramps –	IBUPROFEN	Insect Bites -	BENEDRYL - CALAMINE
Poison Ivy –	CALAMINE - IVY DRY	Head Colds -	DIMETAP
Sore Throat –	SUCRETS	Head Lice -	NIX - RID
Toothache –	TYLENOL – AMBESOL	Sinus/Allergy -	SUDAFED
Mild Skin Abrasions -	NEOSPORIN – BACITRACIN	Fever -	ACETAMINOPHEN
Dehydration -	COCONUT WATER		
Constipation –	CITRUCEL -MIRALAX - PLUM JUICE		

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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