

**Buckingham Browne & Nichols Summer Day Camp  
Health Services  
Permission to Treat Employee**

**Employee Name** \_\_\_\_\_ **Are you under 18 years old? Yes / No**

*I give permission to the school nurse to administer the following medications to my child according to established protocols. I have crossed out any products that I do not wish my child to receive. All other medications require a written order from a licensed prescriber and written parental permission.*

**Acetaminophen (Tylenol)** *As needed for mild to moderate pain.  
Children ages 4-11years will be given dose according to weight.  
Children ages 12 years and older may receive 2 tablets 325 mg. every 4 hours.*

**Bacitracin or Triple A Ointments** *As needed for cuts, scrapes, 1 – 3 times a day.*

**Diphenhydramine (Benadryl)** *As needed for allergy symptoms. Children ages 4-11 years will be given dose according to weight. Children ages 12 years and older may receive 25 to 50 mg. every 4 – 6 hours.*

**Hydrocortisone Cream 0.5%** *As needed 3 times a day to relieve itching associated with minor skin irritations.*

**Ibuprofen (Advil, Motrin)** *As needed for mild to moderate pain, dysmenorrhea.  
Children ages 4-11years will be given dose according to weight.  
Children ages 12 years and older may receive 2 tablets 200 mg. every 4 hours.*

**Tums Antacid Tablets** *As needed for relief of acid indigestion, sour stomach, and upset stomach, no more than 6 a day.*

*To the best of my knowledge, I have no allergy, sensitivity to any of the above named products.*

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*If you are under 18yo, a parent or guardian must sign below.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_