

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

***Camper's Name*** \_\_\_\_\_ ***Grade*** \_\_\_\_\_

*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 4-11 years 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 4-11 years 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, my child has no allergy, sensitivity to any of the above named products.*

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