

Buckingham Browne & Nichols Summer 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 4-11 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, I have no allergy, sensitivity to any of the above named products.

Employee Signature: _____ Date _____

If you are under 18 years old, a parent or guardian must sign below.

Parent/Guardian Signature: _____ Date _____