## Over-the-Counter Medication Permission Form and Protocols

Over-the-counter medication will be given only with a parent/guardian's written authorization. Below are protocols for administering common over-the-counter medication, according to package instructions. Do NOT bring basic over-the-counter medication to camp, unless your child needs to take a daily dose. Otherwise, the following over-the-counter medication will be available at the nurse's station as needed.

## Please indicate permission for the Discovery Days' camp nurse and other authorized camp personnel to administer each OTC medication below to your camper by circling YES or NO.

	Acetaminophen (Tylenol)
YES	Dose - Over age 12: 325mg, 2 tablets, every 4 hours
	Under age 12: 1 ½ 325 mg. tablets every 4 hours
NO	Do not exceed 3g in 24 hours
	Symptoms: headache, sore throat, menstrual cramps
	Non-steroidal anti-inflammatory (Ibuprofen)
YES	Dose - Age 12 and older: 200 mg every 4 hours
	Younger than age 12: 100-200mg. every 4 hours
NO	Do not exceed 1200mg in 24 hours
	Symptoms: menstrual cramps, muscle strain, backache, headache,
	ligament strain
YES	Phenylephrine HCL
	Dose - 10 mg, 1 tablet, every 4 hours
	Do not give to children under age 12
NO	Symptom: nasal congestion
	Guaifenesin cough syrup
YES	Dose - Age 6-12yr 100-200mg every 4 hours up to 1.2g/24 hours
	>12yrs 200-400mg every 4 hours up to 2.4g/24 hours
NO	Use metered dose dispenser
	Symptom: cough
<u> </u>	Bismuth Subsalicylate
YES	Dose - 262 mg, chew 2 tablets every $\frac{1}{2}$ to 1 hour.
0	Do not give to children under age 12. Do not exceed 4.2g in 24 hours
NO	Symptoms: upset stomach, diarrhea

	TUMS, Rolaids, Mylanta
YES	Dose - 1-2 tablets
	No more than 6 tablets in 24 hours
NO	
NO	Do not give to children under age 12
	Symptoms: upset stomach, heartburn
	Diphenhydramine
YES	Dose - over 55 lbs: 25 mg every 4 – 6 hours
	Do not exceed 300mg in 24 hours
NO	Symptoms: hives, bug bites
	Cetirizine
YES	Dose - Ages 6 and over, 10 mg. tablet once daily
	Do not exceed 10mg in 24 hours
NO	Symptoms: runny nose, sneezing, itchy eyes, watery eyes, itching of
	nose or throat

## Camper's full name (first, last):

Parent/Guardian Signature:

Date:

Please note any instructions regarding OTC medication we should know regarding your camper: