Over-the-Counter Medication Authorization

The Sidwell Summer camp nurse or another camp employee trained by the nurse will administer the following over-the-counter medications in the following dosages if a camper/student exhibits symptoms that indicate the need for a particular medication, and if the parent/guardian and physician have signed in agreement with the medications and dosages described below.

Please circle or indicate the required dose:
- Benadryl (12.5-25mg, dosage dependent upon the student’s weight) for allergic reactions of hives and itching to food and environmental allergens
- Acetaminophen (160mg - 650mg, dosage dependent upon the student’s weight) for severe headaches and fever
- Ibuprofen (200-400mg, dosage dependent upon the student’s weight) for muscle strains and pain
- Tums Chewable tablets (1-2 tablets) for acid indigestion
- Calamine lotion, anti-itch cream/gel/spray (Benadryl/Cortaid) or topical antibiotic ointment for skin irritation and protection

By signing, I give permission for the camper/student to receive the above medications and dosages as indicated by symptoms and administered by the Sidwell Summer camp nurse or by another camp employee trained by the nurse.

Name of Camper/Student: ___________________________ Date: ___________________________

Physician Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________