



I give permission for my camper to be given over the counter medications listed below during camp dates June 26 – June 29, 2024:

Acetaminophen 500mg

Ibuprofen 200mg

Pepto Bismol Chewable 2 tablets

Calamine Lotion

Antibiotic Ointment

I understand the medications will only be given by the Camp Nurse, Eryn Van Meter, BSN, RN after a nursing assessment has been completed.

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Camper Name

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Parent/Guardian Signature

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Parent/Guardian Printed Name and Phone Number