



**Camp Beausite Northwest - Adult O.T.O Authorization Sheet, page 2 of 3**

**Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

I authorize the use of the following OTC medications to be used for their intended purposes on an as *needed* (pm) basis. A check has been placed before each of the medications that may be administered. All medications are to be given for a maximum of two consecutive days.

**Headache/Pain/Fever Medication (choose one only):**

Acetaminophen (Tylenol) 325mg 1-2 tabs po q4h pm for headache, pain or fever >100.5.

\_\_\_\_ Acetaminophen (Tylenol) 500mg 1- 2 tabs OR LIQUID EQUIVALENT po q4-6h pm for headache, pain or fever >100.5.

Ibuprofen (Advil/Motrin) 200mg 1-2 tabs po OR LIQUID EQUIVALENT q4h pm for headache, pain or fever >100.5.

**Antihistamine/Allergy Medication:**

Diphenhydramine (Benadryl) 25 mg 1-2 tablets OR LIQUID EQUIVALENT q4-6h pm itching, rash, allergic reaction

**Menstrual Cramps (choose one only):**

Acetaminophen (Tylenol) 325mg 1-2 tabs po q4h pm for menstrual cramps.

\_\_\_\_ Acetaminophen (Tylenol) 500mg 1-2 tabs po OR LIQUID EQUIVALENT q4-6h pm for menstrual cramps.

Ibuprofen (Advil/Motrin) 200mg 1-2 tabs OR LIQUID EQUIVALENT po q4h pm for menstrual cramps.

**Cough Medication (choose one only):**

\_\_\_\_ Non-Narcotic cough suppressant/expectorant (Robitussin) 2 tsp (10 cc) po q4h pm for cough.

\_\_\_\_ Non-Narcotic Sugar Free cough suppressant/expectorant (Safetussin, Diabetic Tussin) 2 tsp (10cc) po q4h pm for cough.

**Sore Throat:**

Cough Drops (Cepacol/Sucrets/Chloraseptic) 1 lozenge q2h pm for sore throat (up to 10 drops per day)

**Nasal Congestion:**

Pseudoephedrine HCL (Sudafed) 30mg 2 tabs po QID pm for nasal congestion due to colds, sinusitis.

**Nausea/Upset stomach/Acid Indigestion/Gas:**

Alum/Magnesium Hydroxide Liquid w/Simethicone (Mylanta) 2 TBSP (30 cc) po QID pm for indigestion/upset stomach/gas.

Magnesium and Aluminum Suspension (Maalox) 2 TBSP (30 cc) po QID pm for indigestion/upset stomach.

Simethicone (Gas-X, Mylanta Gas) 1-2 tabs po after meals pm gas. Do not exceed 4 tabs per day.

**Constipation:**

Milk of Magnesia 2 TBSP (30 cc) po (followed by 8 ounces of water) qHS pm for constipation for a maximum of 2 consecutive days.

**Diarrhea (choose one only):**

Kao-pulgite (Kaopectate) 2 TBSP (30cc) po pm for diarrhea. Give a dose after each loose bowel movement for a maximum of 8 tablespoons in a 24 hour period.

Loperamide HCL (Imodium) liquid 4 tsps (20 cc) po pm for first loose bowel movement and 2 tsps (10 cc) po after each other loose bowel movement for a maximum of 8 teaspoons (40 cc) within a 24 hour period.

**Water in Ear:**

Swim Ear (or like product) 2-4 drops pm for water in ears

**Eye Irritation:**

Visine eye drops (or like product) 1-2 drops per eye q4-6h pm for red, itchy eyes

**Other OTC meds:** \_\_\_\_\_

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**First Aid Topicals:**

Anti-bacterial:

Bacitracin 500units/ID pm for minor abrasions.

Triple antibiotic cream pm for minor abrasions.

Anti-infective:

Hydrogen Peroxide full strength as a deaning agent for minor cuts and abrasions on the skin. May be used TED pm.

Anti-septic:

Betadine solution. Apply full strength (paint/spray) for wound disinfection, abrasions, and emergency lacerations.

**Minor Skin Irritations/Itching:**

\_\_\_\_ Hydrocortisone 1%. Apply to affected area TED pm for the temporary relief of minor itching.

Anti-itch lotion (Caladryl). Apply to affected area TED pm for relief of itching due to minor skin irritations.

Calamine lotion (topical protectant): apply to affected area freely TED pm for itching due to insect bites/poison ivy/poison oak.

**Minor Burns:**

Anesthetic spray (Dermoplast). Apply to affected area TED pm for relief of minor burn discomfort.

**Chapped/Cracked lips:**

Blistex. Apply to chapped/cracked lips q1h pm.

Vaseline. Apply to chapped/cracked lips qTh pm.

**Muscle Relaxer:**

Mineral Ice/Ben Gay. Apply to affected muscles up to TED pm for sore muscles.

**OTC MEDICATIONS NOT SUBJECT TO 2 CONSECUTIVE DAY LIMIT:**

Sunscreen (SPF 30 or greater). Apply lotion/spray liberally to exposed skin pm 30 minutes prior to exposure to sun when deemed necessary by nursing and/or counselor staff. Maybe reapplied as needed after swimming/exercising/perspiring heavily.

Insect Repellant. Apply spray/lotion to exposed skin pm prior to outdoor activities when deemed necessary by nursing and/or counselor staff.

Signature of licensed practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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Parent/Guardian consent: By signing, I give permission for the above named camper to receive the medications and dosages listed above for the symptoms specified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Beausite Northwest Nurse Review: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_