

Camp Beausite Northwest

2020 Medication Authorization Form



Name: _____

DOB: _____ Age: _____

Please provide a complete list of ALL medications taken by this individual including OTC and herbal remedies. No medications will be dispensed without the signature of a licensed practitioner.

| Medication | Dosage | Times Given |
|------------|--------|-------------|
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Camp Beausite Northwest requests that all medications come in a prepackaged medication blister pack that can be ordered easily through your local pharmacy. This will help ensure the accuracy of your medications while at camp.

Does this individual have any allergies (environmental, medication, food, etc.) that we should be aware of?

____ Yes ____ No If Yes, please describe.

I have reviewed the above medications and direct that they be provided to the above-named individual as described.

Signature of Licensed Practitioner: _____ Date: _____

Printed Name: _____ Phone: _____

Signature of Parent/Guardian/Legal Rep: _____ Date: _____

Printed Name: _____ Phone : _____

Signature of Camp Beausite Nurse: _____ Date: _____

Printed Name: _____

Camp Beausite Northwest

OTC Medication Authorization Form



Name: _____

DOB: _____ Age: _____

I authorize the use of the following OTC medications to be used for their intended purpose on an as needed (prn) basis. Please check mark before each of the medications that may be administered. All medications are to be given for no more than two consecutive days. All medications are dosed based on label specifications.

Headache/Pain/Fever (>100.5)/Menstrual Cramps

Children's Acetaminophen 160mg/tsp Acetaminophen 325mg
 Children's Ibuprofen 100mg/tsp Ibuprofen 200mg
 Acetaminophen 500mg

Antihistamine/Allergy

Children's Diphenhydramine/Benadryl 12.5mg/tsp Diphenhydramine/Benadryl 25mg

Cough & Cold

Non-narcotic cough suppressant/Robitussin 2 tsp Cough Drops/Cepacol 1 lozenge
 Non-narcotic cough suppressant/sugar-free Robitussin 2 tsp

Nasal Congestion

Children's Pseudoephedrine/Sudafed 15mg/tsp Pseudoephedrine HCL/Sudafed 30mg

Stomach & Digestive

Alum/Magnesium Mylanta 2 tbsp Children's Mylanta tablets
 Alum/Magnesium Maalox 2 tbsp Kaopectate 2 tbsp
 Simethicone Gas X/Mylanta Gas 1-2 tabs Imodium 4 tsp
 Milk of Magnesia 2 tbsp

First Aid Topicals

Hydrocortisone 1% Bacitracin Betadine Solution
 Caladryl Triple Antibiotic Cream Dermoplast
 Calamine Lotion Hydrogen Peroxide Mineral Ice/Ben Gay

Water in Ear

Swim Ear or like product 2-4 drops

Eye Irritation

Visine eye drops or like product 1-2 drops per eye

I have reviewed the above medications and direct that they be provided to the above-named individual as described.

Signature of Licensed Practitioner: _____ Date: _____

Printed Name: _____ Phone: _____

Signature of Parent/Guardian/Legal Rep: _____ Date: _____

Printed Name: _____ Phone: _____

Signature of Camp Beausite Nurse: _____ Date: _____

Printed Name: _____