

2022 Camp Parent/ Guardian Authorization,
Waiver and Consent Form for Over-The-Counter Medication

Over-the-Counter(OTC) Medications may at times need to be administered, if approval is indicated by the camper's parents or guardians. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay.

IF YOU DO NOT WISH TO HAVE MEDICATION ADMINISTERED PLEASE RETURN THIS FORM STATING THAT. EVERY CAMPER MUST HAVE A FORM SUBMITTED TO BEGIN CAMP.

Note: Unless we have parental/guardian/ or physician's authorization, we cannot administer ANY of OTC medications, leaving your child waiting until you arrive to receive any care.

I, _____ hereby authorize that the following medications may be given to _____ (Camper Name) if the need arises during the summer of 2022 camp season.

You may dispense only those checked.

Pain Management/Cold Symptoms

_____ Tylenol/Acetaminophen as directed

_____ Aspirin/Ibuprofen as directed

_____ Benadryl as directed

Misc.

_____ Visine or artificial tears for minor eye irritation

_____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites

_____ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

_____ Calamine lotion for bug bites and poison ivy

_____ Other (list any other approved over-the counter drugs, dosage and reason for giving)

Camp Staff reserves the right to use generic equivalents when available for brand over-the-counter medications listed above. Any condition that is associated with fever, significant inflammation, and/ or does not respond to the above outlined treatment will be followed-up by a consultation with camper's parents and camp's physician advisor. Parent/guardian will be contacted if any condition develops requiring any of the over-the-counter medications not checked, or if camper needs medical treatment.

I authorized the administration of the over-the-counter medications to my camper as indicated above. I shall indemnify and hold harmless the Camp Staff, and Summer Playland Entertainment Corp, against any claims that may arise relating to my camper being administered the above indicated over-the-counter medications by the camp staff.

I/We have legal authority to consent to medical treatment for the camper listed above, including the administration of the over-the-counter medication while at Summer Playland.

Parent/Guardian Signature: _____ Date: _____