FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Valley of the Sun YMCA Camping Services

Camper _____ Cabin _____

OVER THE COUNTER MEDICATION PERMISSION FORM

I, _____, hereby give permission for YMCA Camping Services to

Please **CIRCLE** any of the Medications below that your child **MAY NOT** receive. Where brand name is listed, generic may be utilized.

COMPLAINT	TREATMENT
Abdominal discomfort / Gas / Diarrhea / Vomiting	Antacid / Antidiarrheal / Upset stomach reliever (ie: Tums, Pepto-Bismol, Maalox)
Allergic Reaction	Antihistamine (ie: Benadryl)
Bug Bites	Hydrocortisone cream 0.5% / Anti-itch cream-lotion (ie: Benadryl, Calamine lotion)
Chapped Lips	Salve to lips (ie: Chapstick, Vaseline, Carmex)
Cold Sores	Blistex
Congestion	Decongestant (ie: Sudafed, phenylephrine)
Constipation	Milk of Magnesia
Cough	Cough medication, cough drops (ie: Robitussin, Robitussin DM)
Cramps, Menstrual	Pain reliever (ie: Ibuprofen, Midol)
Head Lice	RIDS or equivalent
Headache, Fever, Pain	Pain reliever ie: Tylenol, Ibuprofen)
Motion Sickness	Antiemetic (ie: Dramamine)
Muscle Aches	Analgesic ointment (ie: Ben Gay) see above for pain
Poison Ivy, Oak, Sumac Mosquito Bites	Anti-itch cream or lotion (ie: Hydrocortisone cream, Calamine lotion)
Ringworm	Lotrimin, Tinactin
Scrapes, Cuts, Abrasions, Burns	Antibiotic ointment (ie: Neosporin)
Seasonal Allergies	Antihistamine, Anti-allergy (ie: Zyrtec, Claritin, Allertec)
Sore Throat	Throat Lozenges, Throat spray (see above for pain)
Stuffy nose	Decongestant (ie: Sudafed, phenylephrine)

Parent/Legal Guardian _____ Date _____

Parent 1 Phone (home/cell/work) _____

Parent 2 Phone (home/cell/work) _____