Twin Spring Farm Day School

Permission to Administer Over The Counter Medication

School Year _____
(year)

Name of Student _____
(print)

Insurance Information
Is the participant covered by family medical/hospital insurance? q Yes q No
If so, indicate carrier or plan name _____

Photocopy of front and back of health insurance card must be attached to this form.

Check only the medication options you want your child to be able to receive in camp/school. If child is under 12 years of age parents will be notified prior to administration of medication. Please include dosage.

Yes	No		Dosage
yes	no	Tylenol (Acetaminophen) for pain or fever.	
yes	no	Children's Advil / Motrin (Ibuprofen) for pain, fever, or inflammation.	
yes	no	Benadryl as needed for bee stings or allergic reactions.	
yes	no	Tums for upset stomach as needed.	
yes	no	Cloroseptic Spray.	
yes	no	Hydrocortisone Cream 1% as needed for itching	
yes	no	Antibiotic Ointment as needed for minor wounds	

I give permission for the camp nurse, counselor, administrator or supervisor responsible for my child to give the medication checked "yes" above to my child as indicated and/or needed. I understand that no medication will be given without written permission of the parent/guardian and physician. I will be notified if administration is given. This form is valid for the complete camp program.

_____
Parent/Guardian (signature) Date

_____
Physician (signature) Date

THIS FORM MUST BE COMPLETED AND
RETURNED TO OUR OFFICE WITHIN FIVE BUSINESS DAYS.