



## OVER THE COUNTER MEDICATIONS, EMERGENCY TREATMENTS & MEDICAL PERMISSIONS

Camper's Name  Date of Birth

**Allergies**  
(Include reactions and treatments)

Over the counter (OTC) medications are typically non-prescription medications. The following OTC medications are commonly stocked in our Health Center and are administered on an 'as needed' basis to manage camper illnesses. Dosage is calculated based on campers age/weight or other appropriate clinical criteria.

LIST OF OVER THE COUNTER MEDICATIONS AVAILABLE	✓ APPROVED	✗ NOT APPROVED
<b>For fever, pain, minor cuts, sunburns, injuries or generalized discomfort</b>		
Acetaminophen (Tylenol)		
Aloe (for Sunburn)		
Bactroban 2% ointment /Bactracin Zinc (Mupirocin/Neosporin - topical for treating infections)		
Benzocaine gel (Orasol, Anbesol - for tooth aches)		
Ibuprofen (Advil, Motrin)		
Lidocaine gel/cream /spray (pain relieving, infection protection gel/cream/spray)		
Acetaminophen/Panabrom (Midol)		
Salonpas patches/Muscle Rub /Hydrochloride 1% (Camphor/Menthol/Methyl Salicylate / Lamisil)		
<b>For insect bites, allergies, allergic reactions/rashes</b>		
Calamine lotion (cooling anti-itch topical)		
Cetirizine (Zyrtec - antihistamine)		
Chlorpheniramine Maleate (Chlortrimeton - antihistamine)		
Diphenhydramine (Benadryl)		
Hydrocortisone 1% cream (anti-itch cream)		
Loratadine (Claritin - antihistamine)		
<b>For coughs and colds</b>		
Dextromethorphan (Robutussin DM, Delsym - Cough syrup)		
Generic cough drops		
Guaifenesin (Robutussin - cough syrup)		
Phenol spray (Chloraseptic - Sore throat spray)		



LIST OF OVER THE COUNTER MEDICATIONS AVAILABLE	✓ APPROVED	✗ NOT APPROVED
<b>For coughs and colds</b>		
Phenylephrine (Sudafed PE - decongestant)		
Pseudophedrine (Sudafed - decongestant)		
<b>For stomach upset, heartburn, constipation, diarrhea</b>		
Bisacodyl (Dulcolax - laxative )		
Bismuth subsalicylate (Kaopectate, Pepto Bismol - antidiarrheal)		
Calcium Carbonate (Tums - antacid)		
Loperamide (ImodiumAD - anti-diarrheal)		
<b>Generic brands are acceptable for the non-prescription medication listed above.</b>		

Please circle if any medical conditions listed below that apply to your camper:

Condition	Active	Inactive	Emergency/Rescue Treatments	Prescribed			Camper authorized to self-administer		
				Yes	No	N/A	Yes	No	N/A
Allergies	Yes	No	Epinephrine/Prefilled Epi-Pen	Yes	No	N/A	Yes	No	N/A
*Diabetes	Yes	No	Hypoglycemia Chewable tab	Yes	No	N/A	Yes	No	N/A
	Yes	No	Hypoglycemia Glucagon	Yes	No	N/A	Yes	No	N/A
	Yes	No	Insulin Injection	Yes	No	N/A	Yes	No	N/A
	Yes	No	Blood Glucose Monitoring	Yes	No	N/A	Yes	No	N/A
*Asthma	Yes	No	Inhaler (i.e. Albuterol)	Yes	No	N/A	Yes	No	N/A
*Seizures	Yes	No	Antiseizure Meds (i.e. Diastat)	Yes	No	N/A	Yes	No	N/A
Other									

\*Campers with Diabetes, Asthma and/or Seizures MUST attach action plan before attending to camp.  
Please note that listed Emergency/Rescue Treatments above **WILL BE** administered in the event of a serious life threatening situation.

1. For obtaining information, clinical treatment or in event of emergency I give consent for (Primary Care Provider) \_\_\_\_\_ practicing at (Address) \_\_\_\_\_ phone: \_\_\_\_\_ to release any medical records, immunizations, diagnostic testing, or other pertinent health information regarding my camper (Name) \_\_\_\_\_ D.O.B. \_\_\_\_\_ to Nurses at Grotonwood in order for them to obtain necessary records for attendance information necessary for medication administration, treatment of episodic/emergent conditions or other medical situations that may arise during camp. I also give permission to first responders, medical facilities, or physicians selected by the camp director to secure proper treatment in the event of an emergency and to order injections, anesthesia, or surgery. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

2. Guardian represents that all of the information provided in camper's application, including the health/medical forms, is true and correct and that Grotonwood and its representatives have the right and authority to rely on the information contained therein. Guardian further recognizes that Grotonwood and its representatives reserve the right to reject any participant in the event of failure or refusal of the participant/parent/guardian to accurately complete and sign all of the required documents.



3. It is my intention that the camp be treated as acting in loco parentis (“**in the place of a parent**”). Further, it is my intention that the appropriate representatives of the camp be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

4. I hereby agree to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: to provide relevant information to the camp representatives related to the person’s ability to participate in camp activities and to provide relevant information to the camp representatives to keep me informed of my camper’s health status.

5. I give permission to the camp nurse to administer medications brought to camp as noted on the Medication Administration Report completed and signed during check-In as well as any OTC medications approved below.

6. All prescription and required non-prescription pills (including vitamins, supplements and OTCs) will be prepared for camp in “**multi-dose blister packaging**” for the total duration of my camper’s stay. Failure to adhere to this policy will incur additional fees.

7. Medications must bear pharmacy label and dosage information. Campers will not be permitted to check in if medications are pre-packaged in any type of generic pill planner, cassette, pill baggies or envelopes.

8. Controlled medications will come to camp in original packaging, only when the pharmacy is unable to include them in multi-dose packing, or, when these medications are only used on an as needed basis. I will provide only the number of pills required for the duration of camp.

10. Non-prescription topicals including lotions, toothpastes ointments, drops, vitamins, mouth washes and creams will be accepted, but must include a pharmacy label if they are to be administered at camp.

11. I understand that in extraordinary circumstances, and only at the discretion of the Executive Camp Director may medication in pill bottles be accepted. There will be a charge of \$100 for each prescription. This charge will be incurred, and must be paid, no later than check-in day.

12. While at camp, medications are administered by the camp nurse, except for prescription creams, shampoos and oral rinses. For these exceptions, the nurse will oversee the administration of the medication by trained and authorized staff.

13. Staff will assist campers with application of sunscreen and bug-spray if necessary to ensure complete skin coverage and protection. If campers are participating in an outing or event that will last longer than 4 hours, the staff will re-apply the sunscreen to campers at least one additional time. I give Grotonwood’s staff permission to apply sunscreen with at least an SPF of 30 or higher for participating campers.

By signing this document I agree to the Over The Counter and Medical Permissions established in this form and I give permission for camp nurse and/or camp physician to administer the selected medication along with any emergency/rescue medication and first aid/treatment should the need for medical attention occur while at camp.

This document must be read and signed by either a **parent or legal guardian** of the camper.

<b>Camper’s First &amp; Last Name</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Parent/Guardian’s Name</b>	<input type="text"/>		
<b>Parent/Guardian’s Signature</b>	<input type="text"/>		

**Thank you for completing this form.**