

# Kidder Creek Medication Permission Request Form

Individualized Orders for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies (include Food Allergies!) \_\_\_\_\_

**To be completed by the legal guardian:**

The following standard over-the-counter medications are available and will be administered at the discretion of a Kidder Creek Health Services Provider or a Camp Director if approval is indicated by the camper's legal guardian.

Drug Name	Route	Dosage	Indications	Camper Health Care Provider Order	Comments
Tylenol (Acetaminophen)	Pills	Per label instructions by age/weight	PRN for pain or fever >101F	YES NO	
Ibuprofen	Pills	Per label instructions by age/weight	PRN for pain or fever >101F	YES NO	
Benadryl (Diphenhydramine Hydrochloride)	Capsules, tablets or liquid	Per label instructions by age/weight	PRN for allergic reactions	YES NO	
Antacid (Calcium Carbonate)	Chewable tablets	Per label instructions by age/weight	PRN for acid indigestion, heartburn, & sore/upset stomach	YES NO	
Pepto Bismol (Bismuth Subsalicylate)	Chewable tablets or liquid	Per label instructions by age/weight	PRN for upset stomach, indigestion, diarrhea & nausea	YES NO	
Robitussin (Guaifcin)	Syrup	Per label instructions by age/weight	PRN for cough	YES NO	
Dramamine	Chewable tablets	Per label instructions by age/weight	PRN for motion sickness	YES NO	

I hereby request and authorize a Kidder Creek Health Services Provider or a Camp Director to administer OTC medication as directed above and in addition to these any nutritional supplements, prescribed and/or PRN medication, brought by the camper. I agree to release, indemnify, and hold harmless Kidder Creek Camps (KCC) and Mount Hermon Association (MHA) and any of their officers, staff members, nurse delegates, or agents from lawsuit, claim, demand, or action against them for administering nutritional supplements, prescribed, OTC, and/or PRN medication to this camper, provided KCC/MHA staff are following the Physician's or guardian's written instructions with the medical order. I have read the procedures outlined on this page and assume the responsibilities as required.

Camper's Name: \_\_\_\_\_ Camp Session: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_