

YMCA CAMP MOHAWK
“AS NEEDED MEDICATIONS”
(This form needs to be returned by June 1st)

Camper's Name: _____ Cabin: _____ Session: _____

I give permission to YMCA Camp Mohawk to administer the following over the counter medications to my daughter as directed by the Camp Physician in the Mohawk Standing Orders. If I do not wish a particular medication administered to my daughter, I have checked the “NO” box and have personally provided an appropriate substitute with the Authorization for the Administration of Medications Form signed by authorized prescriber and parent.

“NO”

- Robitussin CF or equivalent: cough and nasal congestion
- Benedryl tabs or Elixer: allergies and itching
- Tylenol or Ibuprofen tabs or liquid: pain or fever cramps
- Children's Tylenol tabs or liquid: pain or fever
- Kaopectate or Pepto Bismol: Diarrhea
- Milk of Magnesia: constipation
- Maalox, Pepto Bismol or antacid tabs: for upset stomach
- Betadine soak: puncture wound – athletes foot
- Tinactin Cream 1% or Tinactin Powder: Athletes Foot
- Eye wash: foreign body in eye and conjunctivitis
- Hydrocortisone cream 0.5%: Insect bites and stings
- Bacitracin ointment: for splinter-site after removal
- Lozengers: sore throat
- Technu/Calamine/Calagel: Poison Ivy and Itching
- Rid or equivalent: Head Lice
- Bacitracin: Abrasions, Scratches, Cuts, and Skin Infection
- Sudafed (pseudoephedrine hydrochloride): Nasal congestion
- Swim Ear drops as needed

Parent signature

Date

Print Parent's Name

Parents – Please note that these medications are available in our Health Center and do not need to be brought from home. Thank You.

All medications that are not on this list whether over the counter or prescription must be accompanied by Authorization for the Administration of Medications Form found in yellow YMCA Camp Mohawk Confirmation Booklet and on our website, www.campmohawk.org, signed by authorized prescriber and parent or it cannot be given at camp.

Revised 8/2004