

Name _____

Over-the-Counter Medications

Please make a check by any over the counter medication the camp nurse can dispense if needed. If you do not want the camp nurse dispensing any over-the-counter medications please check the box below.

No over-the-counter medications should be dispensed.

<p><u>Pain Relievers:</u></p> <p>_____ Naproxen/Aleve</p> <p>_____ Aspirin</p> <p>_____ Ibuprofen/Advil</p> <p>_____ Acetaminophen/Tylenol</p>	<p><u>Allergy and Cold:</u></p> <p>_____ Robitussin DM</p> <p>_____ Cough Drops</p> <p>_____ Sinus Congestion medication</p> <p>_____ Allergy Medication</p> <p>_____ Claritin _____ Zyrtec _____ Benadryl</p> <p>_____ Sudafed</p>
<p><u>Diarrhea &/or Nausea:</u></p> <p>_____ Imodium</p> <p>_____ Pepto Bismol</p> <p>_____ Stool Softener (fiber powder)</p>	<p><u>Acid Reducer:</u></p> <p>_____ Tums</p> <p>_____ Generic Zantac</p>

These medications are available from the Camp Nurse. **Please do not bring these medications if they are PRN.**

Please list any over-the-counter medications the counselor **SHOULD NOT** take:

Signature of Parent/Guardian or Adult

Date