



CONSENT FORM

Consent for camper to receive over the counter medications while at Roaring Brook Camp.

I give permission to Roaring Brook Camp staff to administer routine over the counter medications as required by:

Camper Name: _____

- YES NO _____ Acetaminophen (Tylenol)
- YES NO _____ Ibuprofen (Advil, Motrin)
- YES NO _____ Topical Antibiotic Cream
- YES NO _____ Generic Cough Drops
- YES NO _____ Calamine Lotion (poison ivy)
- YES NO _____ Aloe Gel (sunburn)
- YES NO _____ Hydrocortisone 1% Cream (dermatitis: itchiness, redness)
- YES NO _____ Antacids (Tums)

Other:

Signature: _____

(Parent or Legal Guardian)

Date: _____