

Over-The-Counter Drug Release Form



Release form allows Fowler Camp Nurse to release Over-The-Counter (OTC) drugs as listed below to campers should they request it while at camp. **Both the Parent & the camper's Doctor** must sign this form in the appropriate spaces provided to indicate drug release approval. Parent may refuse OTC drug release to camper by signing below: doctor signature not required for refusal.

FAX COMPLETED FORM TO: 518-374-4996. Required to confirm registration.

Parent please complete:

Camper Name:	Phone #	Week #
PARENT/GUARDIAN SIGNATURE REQ'D:		Date:

DOCTOR SIGNATURE REQUIRED FOR OTC DRUG RELEASE APPROVAL:	
<p style="text-align: center;">CHECK HERE</p> <p style="text-align: center;">IF OK FOR ALL MEDS.</p> <div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<p style="text-align: center;">_____</p> <p style="text-align: center;">MD SIGN HERE DATE</p> <hr/> <p style="text-align: center;">_____</p> <p style="text-align: center;">MD PRINT NAME MD PHONE #</p>

MD Initials/Mark authorizing order- comments	Drug Name <small>Generic brands may be substituted for all drugs listed.</small>	Route (circle choice)	Dosage	Schedule and Indication
	Tums	PO Chewables	prn	For nausea
	Burn Spray ("Water Jel" TM Brand)	Topical	light spray prn	For pain relief of abrasions and sunburn
	Hydrocortisone 1%	Topical	prn	For bug bites and skin irritations
	Benadryl	PO	per age, weight and pkg. directions	For hay fever, hives, allergic reactions, and "Swimmer's Itch"
	Tylenol	PO Pill or Liquid	per age, weight, and pkg. directions	For fever or pain
	Ibuprofen	PO	per age, weight, and pkg. directions	For fever or pain
	Epi-Pens (anaphylactic-shock)	IM Thigh	Adult Pen over 66# Junior Pen under 66#	Epi-Pen Jr. formula (0.01mg/kg) May be repeated x1 while waiting for ambulance

Parent/Guardian may choose to refuse Over-The-Counter Drug Release* to child.

Parent/Guardian must indicate refusal with signature and check mark in the box. Doctor signature not required for refusal.

PARENT'S refusal signature required.

_____ DATE

**Parental/Guardian refusal means Camp Nurse can not administer Over-The-Counter drugs to camper.*

Parents/Guardians Please Read - Your signature above indicates agreement with the statement herein: "I have reviewed the above special orders, the immunization record and the medication orders, and agree to their accuracy, and for the Fowler Camp & Retreat Center Staff to administer these orders."