

Rushmore National Music Camp Permission to Administer Over-the-Counter Medications

I (parent/guardian) hereby give permission for Rushmore National Music Camp to administer the following over-the-counter medications if the Nurse, Camp Director, or Head Counselor deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.
****Please Strike Through any medication that you DO NOT WANT administered to your child ****

Headache:	Tylenol® (acetaminophen) or Advil (ibuprofen)
Fever	Tylenol® (acetaminophen) or Advil (ibuprofen)
Upset Stomach	Pepto Bismol® (<u>**Only approved for ages 12 and older **</u>)
Diarrhea	Immodium AD®
Allergic Reaction	Benadryl (diphenhydramine)
Menstrual Cramps	Advil® (ibuprofen) or Pamprin or Midol
Poison Ivy	Calamine Lotion or CortAid®

Signed _____ Date _____

Permission to Treat

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signed _____ Date _____



