

**MEDICATION ADMINISTRATION &
MEDICAL CONSENT AUTHORIZATION**

Child's Name: _____ Birthdate: _____

Non-Prescription Medications

Medication	Recommended Dose	General Uses	Permission Please circle	
			YES	NO
Acetaminophen (Tylenol)	Age 12 yrs & over: 325 mg tablets x 2 every 4 hours Age 6-11 yrs.: 325 mg tablets (or liquid); ½ - 1 tablet every 4 hours	headache, general aches and pains	YES	NO
Benadryl	12.5 mg liquid or tablets every 25 lbs to a maximum of 50 mg for anyone over 110 lbs.	allergic reactions	YES	NO
Bacitracin	Apply to area as needed	minor cuts/scrapes	YES	NO
Tums antacid (Calcium carbonate)	500 mg tablet-chew 1-2 tablets	heartburn, gas, upset stomach	YES	NO
Hydrocortisone Cream 0.1%	Apply to area as needed	to treat minor skin rashes, reactions to insect bites	YES	NO
Ibuprofen (Advil, Motrin)	Adults & Children 12 yrs and over: 200mg tablets, 1 or 2 every 6 hrs. as needed Children 48-59 lbs: 50 mg chewable tablets, 4 tablets q 6 hours as needed (200 mg total dosage) Children 60-71lbs: 50 mg chewable tablets 5 tablets q 6 hours as needed (250 mg total dosage) Children 72-95lbs: 50 mg chewable tablets, 6 tablets q 6 hours as needed. (300 mg total dosage)	to be taken with food for aches/pains, fever over 100°	YES	NO
Triple Antibiotic Ointment	Apply to area as needed	minor cuts/scrapes	YES	NO

Physician's Name (Print/Stamp)

Date

Physician's Signature

Physician's Phone

I hereby grant permission for my child to receive medication as I have indicated and release The Willow School summer camp personnel of all liability for the administration of the specified medications.

In case of emergency, school personnel are authorized to take my child to a doctor or hospital for treatment as necessary if I/we cannot be contacted or if school personnel determine that the situation requires immediate action.

Parent/Guardian Signature

Date