



# Medical Consent/ Over-the-Counter Medication Consent Form

## MEDICAL CONSENT

I/We \_\_\_\_\_ (Parent, Guardian, or Applicant of the age of majority and own guardian) hereby give my/our consent and authorization for \_\_\_\_\_ (Applicant) to be given such emergency medical and/or hospital care as may be deemed necessary by Easter Seals Camp Horizon's medical authority, in the best interest of the Applicant while he/she may be attending camp. Every effort will be made to contact the primary contact person, and failing this, the alternate contact person referred to in the attached application form prior to obtaining emergency medical and/or hospital care for the Applicant and, if this is not possible, at the discretion of the Camp Director or his/her designate, to advise the primary contact or alternate contact person as soon as possible thereafter.

Furthermore, I/We authorize Easter Seals Camp Horizon to give medications as outlined in the medical forms and assistance with the camper's personal equipment or appliances as necessary in the course of his/her medical treatment and continued well-being while at camp.

Signature: \_\_\_\_\_ **OR** Signature: \_\_\_\_\_  
 (Parent/Guardian) Applicant (18 years or over, and is own Guardian)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OVER-THE-COUNTER MEDICATION CONSENT FORM

Please check the OTC medication that your camper is able to have while at camp. Your signature below authorizes the Camp Nurse or designate to deliver such medications when needed throughout the camp season.

**CAMPER NAME:** \_\_\_\_\_

- |                          |                            |                      |   |
|--------------------------|----------------------------|----------------------|---|
| <input type="checkbox"/> | Acetaminophen (Children`s) | 80mgX4               | For headaches and pain relief   |
| <input type="checkbox"/> | Acetaminophen              | 325mg                | For headaches and pain relief   |
| <input type="checkbox"/> | Acetaminophen              | 500mg                | For headaches and pain relief   |
| <input type="checkbox"/> | Benadryl                   | 25 mg                | For allergy relief  |
| <input type="checkbox"/> | Aspirin / Anacin           | 325mg                | For headaches, fever, toothaches, menstrual pain, and aches   |
| <input type="checkbox"/> | Ibuprofen                  | 200mg                | For muscle aches and pains  |
| <input type="checkbox"/> | Antidiarrheal              | 2mg                  | For persistent diarrhea (Loperamide Hydrochloride)  |
| <input type="checkbox"/> | Cold Medications           | as listed            | For relief of cold/ flu symptoms<br>(Vicks NyQuil 30ml, Robitussin, Expectorant 5ml, Chloraseptic Throat, Spray or Strepsil Lozenges) |
| <input type="checkbox"/> | Gravol                     | 25 – 50mg            | For nausea, vomiting  |
| <input type="checkbox"/> | Divol or Malox             | 2-4 tsp as needed    | For heartburn, indigestion, gas   |
| <input type="checkbox"/> | Senokot                    | 2-4 tabs at bed-time | Natural Source laxative plus softener   |
| <input type="checkbox"/> | Other:                     | _____                | _____   |

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/ Guardian/ Applicant if over the age of 18 & own Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Camp Nurse Date