

Non-prescription Medications Given as Needed at Camp

Camper Name _____ Date _____

- | | |
|---|--|
| <input type="checkbox"/> aloe | <input type="checkbox"/> immodium (anti-diarrheal) |
| <input type="checkbox"/> anti-fungal creams | <input type="checkbox"/> pepto bismal |
| <input type="checkbox"/> anti-itch creams | <input type="checkbox"/> Sudafed or other decongestant |
| <input type="checkbox"/> Benadryl or generic | <input type="checkbox"/> sunblock |
| <input type="checkbox"/> Bug spray | <input type="checkbox"/> Topical antibiotic |
| <input type="checkbox"/> cranberry pills | <input type="checkbox"/> tums |
| <input type="checkbox"/> homeopathic remedies | <input type="checkbox"/> Tylenol or generic |
| <input type="checkbox"/> ibuprofen | <input type="checkbox"/> vitamin C |

Other NON prescription medications that are ok for this camper to take: _____

Parent Signature _____ Date _____

Catoctin Campers Only - Physician Signature _____ **Date** _____

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