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## Administration of Medications Release Form

In order to dispense any medications (prescription or non-prescription) to our campers, we must have this completed form. While this form is optional, we strongly encourage you to have it filled out. ***It MUST BE SIGNED BY THE PARENT AND THE PHYSICIAN in order for the Camp to administer ANY medication (even Tylenol).***

Camper Name:

Name of medication to be administered (fill out in online form as well):

The condition for which the medication is being used and any cautionary information specific to the medication:

Instructions for administration, including the dosage and frequency of administration:

### NON-PRESCRIPTION MEDICATIONS

It is required that this form is filled out by a physician in order for our nurse to dispense over-the-counter non-prescription medication to your child when needed. ***Standard Over the Counter Medications*** (add additional ones below):

Drug	Schedule	Permission to Administer	Comments
Tylenol	<i>Every 4 hrs. for pain or fever</i>	Yes / No	
Ibuprofen	<i>Every 6 hrs. for pain or fever</i>	Yes / No	
Robitussin	<i>Every 4 hrs. as needed for cough</i>	Yes / No	
Pepto-Bismol for kids	<i>Every hour as needed for diarrhea</i>	Yes / No	
Children's Mylanta	<i>2-3 times a day as needed for stomach</i>	Yes / No	
Benadryl	<i>Every 6 hrs. for allergic reaction (hives, insect bites)</i>	Yes / No	

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date