



## DISTRIBUTION OF "OVER-THE-COUNTER" MEDICATIONS

Over-the-counter (OTC) medications are drugs that don't require a prescription and are purchased "over-the counter". This form is required to be completed before any over-the-counter medications can be administered at AASC Summer Camp. Students/delegates who voluntarily bring their own (OTC) medications to AASC Summer Camp must ensure that the medication is in the original manufacturer's container with the label intact and must disclose the type of (OTC) medicine being brought to camp on this form. Furthermore, it is absolutely forbidden for students/delegates to share any of these (OTC) medicines with other students/delegates attending Camp. Any OTC medications given out by the Camp Nurse will be given at the manufacturer's recommended dosages.

**PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION**

**YES \_\_\_\_\_ I approve all the OTC medications that I have initialed below.**

**NO \_\_\_\_\_ I do not permit any OTC medications given to my student/delegate.**

**TOPICAL:**

- \_\_\_\_\_ Antibiotic cream (i.e. Bacitracin Cream, Polysporin)
- \_\_\_\_\_ Hydrocortisone cream (i.e. Cortaid)
- \_\_\_\_\_ Benadryl Cream (i.e. Caladryl, Diphenhydramine)
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Oral products with benzocaine  
(oragel, chloraseptic) phenylephrine)
- \_\_\_\_\_ Tincture of Benzoin, Mastisol (helps tape/bandages adhere)
- \_\_\_\_\_ Burn gels (Loratadine)
- \_\_\_\_\_ Eye drops for dryness

**ORAL:**

- \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin, Nuprin)
- \_\_\_\_\_ Acetaminophen (i.e. Tylenol)
- \_\_\_\_\_ Antacids (i.e. Mylanta, Maalox, Tum, Pepto-Bismal)
- \_\_\_\_\_ Cold Medications (guaifenesin, pseudoephedrine, phenylephrine)
- \_\_\_\_\_ Antihistamine (i.e. Benadryl, chlorpheniramine)
- \_\_\_\_\_ Cough Syrup (dextromethorphan, plain or medicated cough drops)
- \_\_\_\_\_ Naproxen sodium, acetaminophen, pamabron, pyrilamine maleate  
(i.e. Midol, Midol Extended, Pamprin)

**THE OTC MEDICATIONS INITIALED INDICATE THOSE THAT MAY BE ADMINISTERED TO MY STUDENT/DELEGATE:**

\_\_\_\_\_  
Parent/Legal Guardian Name – Print

\_\_\_\_\_  
Parent/Legal Guardian – Signature

\_\_\_\_\_  
Date

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**AASC IS NOT ABLE TO SUPPLY OTC MEDICATIONS ON A REGULAR OR DAILY BASIS. THEREFORE, FOR OTC MEDICATIONS NOT LISTED ON THIS FORM OR IN THE EVENT THE OTC MEDICATION MUST BE TAKEN REGULARLY OR DAILY PLEASE COMPLETE THE FOLLOWING:**

**MEDICATION HISTORY:**

Does your student take any medications (either over-the-counter or prescription) on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name of medication: \_\_\_\_\_

How often is this medication taken? \_\_\_\_\_

For what ailment or illness is this medication taken? \_\_\_\_\_

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I as the legal Parent/Legal Guardian of \_\_\_\_\_ do hereby acknowledge that the information on this Medical Authorization form is accurate and thorough. I also grant the AASC or those acting on AASC's behalf consent/permission in the event reasonable attempts to contact me have been unsuccessful, the consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician (2) the transfer of my student/delegate to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The facts concerning the student/delegate's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted do hereby authorize AASC to act for the parents/guardians in the event that a medical emergency occurs.

\_\_\_\_\_  
Parent/Legal Guardian Name – Print

\_\_\_\_\_  
Parent/Legal Guardian – Signature

\_\_\_\_\_  
Date