

Camp Infinity Medicine Permission Form



Child's Name _____
 Child's Date of Birth _____
 Child's Weight _____

Camp Infinity will provide the following medications per manufacturer's dosing information with your permission. Please give permission by **initialing** one of the boxes next to each medicine choice. Please write any additional **over the counter** medications (see specifics below) that your child may keep and administer.

Medicine	Camp Infinity may administer.	Camp infinity may not administer.	Camper may keep and self administer medicine.*
Benadryl**			
Pepto Bismol**			
Advil**			
Tylenol**			
Neosporin**			
Imodium**			

*All over the counter medications and NON-oral prescription medicines (which includes, but is not limited to, inhalers, prescription creams, nose sprays, vitamins and prescription/medicinal creams.)

**All medicines listed above are in adult dosage.

List any **prescription** drugs your child will need to take while at camp. Please give specific instructions. (Name of medicine as listed on the pharmaceutical container, frequency of administration, and the amount of medicine given for each dosage.) **Camp Infinity can only administer medicines that are in the original container.**

 Parent or Legal Guardian signature

 Date signed