

2022 YW Camp Medicinal Information and Distribution Authorization

I, _____ give permission for my daughter,
_____ to receive any of the following, if
needed while at Young Women Camp.

- Tylenol (2 tablets every 4 hours) for pain or fever
- Ibuprofen 1-2 tablets (200-400 mg) every 4-6 hours for pain
- Benadryl 1-2 capsules (25-50 mg) every 4-6 hours for allergies, itching, rashes, stings
- Kaopectate or similar medication as directed for stomach upset/diarrhea
- Calamine lotion or Aloe Vera gel for skin irritations (sunburn, insect bites, or rashes)
- Antibiotic ointment for cuts, scratches, etc.

If allergic to these or other medications, please indicate below:

List below all **over-the-counter (OTC)** and **prescribed medication/prescriptions** your daughter will be taking while at camp. All medications, whether over the counter or prescribed, must be in the original package/container with your daughter's name and correct dosage information on/attached to the package/container. All medications/prescriptions **MUST** be given to the nurse upon arrival at Young Women Camp and administered by the nurse. The only exceptions will be pocket inhalers for asthmatics and epi-pens for those allergic to stings.

List below any other allergies your daughter has such as bee stings or food.

Parental Signature: _____

Date: _____