CHILDREN ON CAMPUS
UNIVERSITY OF MICHIGAN

# OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

Program/Camp Name: (hereafter "Program")

Date(s):

Location:

## PARTICIPANT INFORMATION

Participant Name (hereafter "Participant")

Participants Age:

Select Over-the-Counter (OTC) medication may be administered, if we have written permission from the Participant's parent or guardian.
**Note: Unless we have parental authorization, we will not administer ANY medications or make OTC medications available to participants unless necessary as part of general first-aid treatment.**

I give permission for the Program staff to administer the following medications to my Participant consistent with medication directions, if the need arises. Check all that apply.

- ☐ Actifed or Sudafed as directed for nasal congestion and allergy relief
- ☐ Benadryl for swelling, hives, allergic reaction
- ☐ Bug repellant
- ☐ Calamine lotion for bug bites and poison ivy
- ☐ Hydrocortizone cream for mild skin irritations, poison ivy and insect bites
- ☐ Ibuprofen
- ☐ Kaopectate or Immodium for diarrhea
- ☐ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores
- ☐ Medicated powder for skin irritation
- ☐ Micatin or anti-fungus treatment for athlete's foot
- ☐ Milk of Magnesia for constipation
- ☐ Ointments for minor would care, such as an antiseptic, anti-itch, anti-sting, antibiotic or sunburn cream
- ☐ Pepto Bismol or Mylanta for upset stomach or nausea
- ☐ Rolaids or Tums for acid reflux, heartburn or indigestion
- ☐ Sunscreen
- ☐ Swimmer's ear drops
- ☐ Throat lozenges and or spray for sore throat
- ☐ Tylenol/Acetaminophen
- ☐ Visine or other eye drops for minor eye irritation
- ☐ Other (list any other approved over-the-counter drugs)

- ☐ Do not provide Participant with any OTC that contains the following:

I understand that these over-the-counter medications are not necessarily kept on-hand and available to be administered immediately. Program staff will use generic equivalents when available for the name-brand over-the-counter medications listed above. I understand that the administration of OTC medication will not be done under the supervision of medical personnel.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined OTC treatment will be followed-up by a consultation with the Participant's parent/guardian. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.
I authorize the administration of checked OTC medications to my child as indicated above and general first aid treatment.

Parent/Guardian Name:

Parent/Guardian Signature: Date: