

**Northwest Kiwanis Camp
Pediatric (ages 6-17) O.T.C Authorization Sheet, page 1 of 2**

Name: _____ **DOB** _____

Allergies: _____

Weight to be used for dose calculation: _____ pounds

I authorize the use of the following OTC medications to be used for their intended purposes on an as needed (prn) basis. A check has been placed before each of the medications that may be administered. All medications are to be given for a maximum of two consecutive days.

Headache/Pain/Fever Medication (choose one only):

- Children's Acetaminophen (Tylenol) 160 mg/tsp AT DOSE SPECIFIED ON LABEL po q4h prn for headache, pain or fever >100.5.
- Acetaminophen (Tylenol) 325 mg 1 tab po q4-6h prn for headache, pain or fever >100.5.
- Children's Ibuprofen (Advil/Motrin) 100mg/tsp AT DOSE SPECIFIED ON LABEL po q4h prn for headache, pain or fever >100.5.
- Ibuprofen (Advil/Motrin) 200mg 1 tab po q4h prn for headache, pain or fever >100.5.

Antihistamine/Allergy Medication:

- Children's Diphenhydramine (Benadryl) 12.5 mg/tsp AT DOSE SPECIFIED ON LABEL q4-6h prn itching, rash, allergic reaction

Menstrual Cramps (choose one only):

- Children's Acetaminophen (Tylenol) 160 mg/tsp AT DOSE SPECIFIED ON LABEL po q4h prn for menstrual cramps
- Acetaminophen (Tylenol) 325mg 1-2 tabs po q4h prn for menstrual cramps.
- Children's Ibuprofen (Advil/Motrin) 100mg/tsp AT DOSE SPECIFIED ON LABEL po q4h prn for menstrual cramps
- Ibuprofen (Advil/Motrin) 200mg 1-2 tabs OR LIQUID EQUIVALENT po q4h prn for menstrual cramps.

Sore Throat:

- Cough Drops (Cepacol/Sucrets/Chloraseptic) 1 lozenge q2h prn for sore throat (up to 10 drops per day)

Nasal Congestion:

- Children's Pseudoephedrine HCL (Sudafed) 15 mg/tsp AT DOSE SPECIFIED ON LABEL po QID prn for nasal congestion due to colds, sinusitis.

Nausea/Upset stomach/Acid Indigestion/Gas:

- Children's Mylanta tablets AT DOSE SPECIFIED ON LABEL po QID prn for indigestion/upset stomach/gas.

Water in Ear:

- Swim Ear (or like product) 2-4 drops prn for water in ears

Eye Irritation:

- Visine eye drops (or like product) 1-2 drops per eye q4-6h prn for red, itchy eyes

First Aid Topicals:

Anti-bacterial:

- Bacitracin 500units TID prn for minor abrasions.
- Triple antibiotic cream prn for minor abrasions.

Anti-infective:

- Hydrogen Peroxide full strength as a cleaning agent for minor cuts and abrasions on the skin. May be used TID prn.

Anti-septic:

- Betadine solution. Apply full strength (paint/spray) for wound disinfection, abrasions, and emergency lacerations.

Minor Skin Irritations/Itching:

- Hydrocortisone 1%. Apply to affected area TID prn for the temporary relief of minor itching.
- Anti-itch lotion (Caladryl). Apply to affected area TID prn for relief of itching due to minor skin irritations.
- Calamine lotion (topical protectant): apply to affected area freely TID prn for itching due to insect bites/poison ivy/poison oak.

Northwest Kiwanis Camp- Adult O.T.C Authorization Sheet, page 2 of 2

Minor Burns:

Anesthetic spray (Dermoplast). Apply to affected area TID prn for relief of minor burn discomfort.

Chapped/Cracked lips:

Blistex. Apply to chapped/cracked lips q1h prn.

Vaseline. Apply to chapped/cracked lips q1h prn.

Muscle Relaxer:

Mineral Ice/Ben Gay. Apply to affected muscles up to TID prn for sore muscles.

Other OTC meds: _____

OTC MEDICATIONS NOT SUBJECT TO 2 CONSECUTIVE DAY LIMIT:

Sunscreen (SPF 30 or greater). Apply lotion/spray liberally to exposed skin prn 30 minutes prior to exposure to sun when deemed necessary by nursing and/or counselor staff. May be reapplied as needed after swimming/exercising/perspiring heavily.

Insect Repellant. Apply spray/lotion to exposed skin prn prior to outdoor activities when deemed necessary by nursing and/or counselor staff.

Signature of licensed practitioner: _____

Date: _____

Printed Name: _____

Phone number: _____

Parent/Guardian consent: By signing, I give permission for the above named camper to receive the medications and dosages listed above for the symptoms specified.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Phone number: _____

Northwest Kiwanis Camp Nurse Review: _____

Date: _____

Printed Name: _____