

Medications

Please indicate all medication that your child will be bringing. If your child will not be bringing any medication, this page does not need to be completed. Parent or guardian signature required.

Please print camper name

Camper Date of Birth

Please print parent name

Telephone Number

Medication 1: _____ Take with food? Y N

Dosage: _____ Route: _____ Time to be taken: _____

Medication 2: _____ Take with food? Y N

Dosage: _____ Route: _____ Time to be taken: _____

Medication 3: _____ Take with food? Y N

Dosage: _____ Route: _____ Time to be taken: _____

I give permission for Linden Hall Summer Camp staff to administer the above medication(s) to my child. Should a change in the above information occur, I understand that a new authorization must be submitted.

Campers are NOT permitted to keep medication of any kind in their dorm room. All prescription and over-the-counter medication must be turned in upon arrival.

Staff will keep medications in a locked area.

Parent or guardian signature

Date

Prescribing physician name

Telephone number of physician

Permission for Over-the-Counter Medications

Parent or guardian must complete

Please print camper name

Date of Birth

Please print parent/guardian name

Relationship to camper

Telephone Number

While at camp, it may be necessary for Linden Hall Summer Camp staff to administer over-the-counter medication for symptom relief. Linden Hall Summer Camp staff will have a small supply of the following medications on hand to provide to your child if necessary.

Campers may not keep medication of any kind in their dorm room. All prescription and over-the-counter medication must be turned in upon arrival.

All over-the-counter medication will be administered to your child based on the manufacturer's dosage guidelines.

We provide the following over-the-medications: Acetaminophen (Tylenol), Antacid (Tums), Antihistamine (Generic Benadryl, Generic Zyrtec, or Generic Claratin), Eye Drops, Hydrocortisone Cream, Antibiotic Ointment (Generic Neosporin), Ibuprofen (Advil).

Please list OTC medications your child **may not take** below.

Parent or guardian signature