

USGTC Summer Camp

NON-PRESCRIPTION AUTHORIZATION FORM

Parent & Physician must initial each approved non-prescription medication on line provided & write full signature on back page.

Camper's Name _____ Age _____ Weight _____

Acetaminophen: tablets (i.e. Tylenol Regular Strength) 325 mg. ea.
elixir (80 mg. per 1/2 tsp)

purpose: pain reliever/fever reducer
dosage: <110 lbs...1 tablets every 4-6 hours as needed; not to exceed 4 tablets in a 24 hour period
>110 lbs...2 tablets every 4-6 hours as needed; not to exceed 8 tablets in a 24 hour period
or Elixir ...60-71 lbs: 2 1/2 tsp...; 72-95 lbs: 3 tsp...every 4 hours as needed; not to exceed 5 doses in 24 hour period

Parent's Initials _____ **Physician's Initials** _____

Ibuprofen tablets (i.e. Advil) 200 mg. ea.
oral suspension (i.e. Children's Advil) 100 mg. per tsp.

purpose: pain reliever/fever reducer
dosage: <110 lbs...1 tablet every 4-6 hrs.; not to exceed 4 tablets in 24 hr. pd.
>110 lbs...2 tablets every 4-6 hrs; not to exceed 4 tablets in 24 hr. pd.
for children 60-71 lbs: 2 1/2 tsp...72-95 lbs: 3tsp...every 6-8 hours as needed but no more than 4x a day

Parent's Initials _____ **Physician's Initials** _____

Maalox liquid

purpose: antacid- anti-gas
dosage: >110lbs...shake well, take 3 tsps. Between meals: not to exceed 24 tsps. In 24 hr. pd.

Parent's Initials _____ **Physician's Initials** _____

Mylanta liquid

purpose: antacid-anti-gas
dosage: >110 lbs...shake well, take 3 tsps. between meals; not to exceed 24 tsps. in 24 hr. pd.

Parent's Initials _____ **Physician's Initials** _____

Camper's Name _____ Age _____ Weight _____

Pseudoephedrine HCL tablets (i.e. Dimetapp) 120 mg. ea.

purpose: relieves nasal & sinus congestion due to colds & allergies
dosage: >110 lbs...1 caplet every 12 hours not to exceed 2 caplets in 24 hrs.

Parent's Initials _____ Physician's Initials _____

Diphenhydramine HCL (i.e. Benadryl) tablets 25 mg. ea.; liquid 12.5 mg. per tsp.

purpose: relief from allergic reactions i.e. stuffy, runny nose, sneezing, itchy, watery eyes, itchy throat
dosage: <110 lbs...1 tsp. every 4-6 hrs.; do not take more than 6 doses in 24 hr. pd.
>110 lbs...2 tsp liquid or 1 tablet every 4-6 hrs.; do not exceed 6 tablets (6 doses) in 24 hr. pd.

Parent's Initials _____ Physician's Initials _____

Bacitracin ointment

purpose: prevention of infection in minor cuts, scrapes, burns
directions: apply small amount to affected area 1-3x daily

Parent's Initials _____ Physician's Initials _____

Caladryl lotion

purpose: relief from poison ivy
dosage: shake well; wash affected area; apply no more than 3-4x daily

Parent's Initials _____ Physician's Initials _____

Hydrocortisone cream 1%

purpose: relief of itching from minor skin irritations, inflammation & rashes
directions: apply to affected area no more than 3-4x daily

Parent's Initials _____ Physician's Initials _____

Parent & Physician full signature below:

Parent's Signature _____ Date _____

Physician's Signature & Title _____

Date _____