



140 Betsey Cox Lane, Pittsford, Vermont 05763 * www.campbetseycox.com*

Hugs and Health-Camp Betsey Cox Health Office Release of Confidential Information

Permission is hereby given to the camp nurse to contact my child's licensed healthcare provider to clarify medical information, if necessary, regarding my child's current state of health. I hereby give the healthcare provider permission to release requested information to the camp nurse.

Camper Name _____ DOB _____

Signature of parent or legal guardian _____

Printed name of parent or legal guardian _____

Signature of camp nurse _____ Date _____

Name and address of health care provider: _____

_____ zip _____

Phone (_____) _____

Federal Government regulations require signed permission for this exchange.
Thanks for assisting us in caring well for your child.

*** Continued on other side ***



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Parent Authorization form for over –the-counter medications

Camper's Name _____ age _____

During your child's summer camp experience, a need may arise for her to receive certain over-the-counter medications. These medications would be administered by a registered nurse or trained designee, and the dosage would be as suggested by the manufacturer.

Camp Betsey Cox has a Health Protocol and Procedure Handbook, which describes appropriate action in the event of illness and/or injury. This book is available for your review.

Please read the statement below and indicate if there are any medications you **DO NOT** want your child to receive.

I _____, acknowledge and give permission for my child to receive over the counter medications based upon the Camp Betsey Cox Protocol and Procedure Handbook. I have indicated below those medications I **DO NOT** want her to receive.

- | | |
|--|--|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Nasal decongestant |
| <input type="checkbox"/> topical anesthetics | <input type="checkbox"/> Phenylephrine (Sudafed PE) |
| <input type="checkbox"/> laxatives (bisacodyl) | <input type="checkbox"/> Pseudoephedrine (Sudafed) |
| <input type="checkbox"/> Advil, Motrin (Ibuprofen) | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Lotrimin cream/spray |
| <input type="checkbox"/> Benadryl (Diphenhydramine) | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> Cough drops/throat lozenges | <input type="checkbox"/> Clear Eyes |
| <input type="checkbox"/> Gas-X | <input type="checkbox"/> Bismuth liquid/anti-diarrhea caps |
| <input type="checkbox"/> topical antibiotic ointment | <input type="checkbox"/> wart remover |
| <input type="checkbox"/> Dramamine | <input type="checkbox"/> Gelusil |
| <input type="checkbox"/> Chloroseptic | <input type="checkbox"/> DayQuil |
| <input type="checkbox"/> NyQuil | <input type="checkbox"/> Famotidine |
| <input type="checkbox"/> Claritin | <input type="checkbox"/> After Bite |
| <input type="checkbox"/> Calamine | <input type="checkbox"/> SwimEar |
| <input type="checkbox"/> Witch hazel | <input type="checkbox"/> Imodium A-D |
| <input type="checkbox"/> electrolyte replacement | <input type="checkbox"/> Chloraseptic (sore throat spray) |

herbs and nutritional supplements as advised by nurse or herbal practitioner

*all of the above name brands may be substituted with generic or store brand

**this list may evolve over the course of the summer as needs and availability change

Comments/special requests



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Parent/Legal Guardian Signature _____ Date _____