

BHMC Over-The-Counter Medication Form

This form is optional, but required in order for camp medical staff to dispense OTC meds during camp. **Your medical doctor must complete this form.**

Camper Name: _____ Date of Birth: _____

I hereby authorize that the following medications may be given to the above named person at Bristol Hills Music Camp:

- Bacitraicin (topical) for minor wound care, first aid as needed
- Triple Antibiotic Ointment (topical) for wound healing
- Tylenol (oral) as directed on bottle
- Ibuprofen (oral) as directed on bottle
- Cough Drops (oral) for coughing, minor throat irritation
- Tums (oral) for stomach discomfort
- Pepto-Bismol (oral) for stomach discomfort/diarrhea
- Benadryl (oral / topical) for swelling, hives, allergic reaction as directed on package
- Calamine Lotion (topical) for itching, insect bites
- Hydrocortisone (topical) for itching, insect bites, bee sting
- Sunscreen (topical)
- DEET Bug Spray (topical)
- Non DEET Bug Spray (topical)
- Other (please specify)

PHYSICIAN CONSENT

Signature _____ Date _____
Printed Name _____ License Number) _____
Address _____ Phone _____
City _____ State _____ Zip _____

Return this form by July 25, 2025