

# **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:**

- Bacitracin (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 \_\_\_\_\_