Consent to Give PRN ("as needed") Medications

During Preteen Camp 2027, I give permission to Michelle Dozier, RN, MSN, CPN working with Mayfield Road Baptist Church to give my child, _____, the following medications:

- **Ibuprofen**: given for mild discomfort or pain; will only give as often as every 6 hours
  - ☐ **Adult dosing 200mg, one capsule**
  - ☐ **Adult dosing 400mg, 2 capsules**

- **Acetaminophen**: given for mild discomfort or pain; will only give as often as every 4 – 6 hours
  - ☐ **Adult dosing 325mg, 1 tablet**
  - ☐ **Adult dosing 650mg, 2 tablets**
  - ☐ **Pediatric dosing 160mg chewable**
  - ☐ **Pediatric dosing 320 mg (2) chewables**

- **Diphenhydramine**: given for allergies: sneezing, watery eyes, swelling, runny and/or stuffy nose, hives, itching; will only give as often as every 4 – 6 hours
  - ☐ **Adult dosing 25 mg capsule**
  - ☐ **Pediatric dose, 12.5 mg liquid**
  - ☐ **Pediatric dose, 25 mg liquid**

- **Calcium Carbonate**: given for mild stomach discomfort; will only give as often as every 4 hours
  - ☐ **Adult dose, 2 tablets**
  - ☐ **Pediatric dose, 1 tablet (chewable)**

☐ *Okay to use triple antibiotic cream or hydrocortisone 1% cream to skin irritations, cuts, scrapes, etc. as deemed necessary.

Parent (guardian) signature Date

Phone number