

**First United Methodist Church  
Church Camp – August 2-5, 2018**

Camper Name \_\_\_\_\_

**NON PRESCRIPTION MEDICATIONS**

My child may take/use the following medications that are over-the-counter for the dates of church camp at Pleasant Vineyards Campground (Thursday, August 3, 2017 – Sunday, August 6, 2017). Any medications will be turned in to the Camp Nurse before departure and will be returned to parents at the end of camp on Sunday when the campers arrive back at church. The following will be provided, but permission will still need to be granted below by checking each box. Dosage will be as given on the labels.

- |   |   |
|---|---|
| <input type="checkbox"/> Advil/Ibuprofen                  | <input type="checkbox"/> Tylenol/Acetaminophen    |
| <input type="checkbox"/> Tums/Antacid tablets             | <input type="checkbox"/> Benadryl (antihistamine) |
| <input type="checkbox"/> Hydrocortisone Cream (anti-itch) |   |

**PRESCRIPTION MEDICATIONS**

Medication Name	Dosage	Dosage Times
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature _____	Date _____
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