

**Southern California District Church of the Nazarene
Children's Camp – 2026**

**CAMP PARENT/GUARDIAN AUTHORIZATION, WAIVER, AND CONSENT
OVER-THE-COUNTER (OTC) MEDICATIONS**

Camper's Name _____

Camper's Date of Birth _____

- OTC medications are available for administration at camp. These medications are administered per manufacture dosing and guidelines.
- Consent is required by a parent or legal guardian if the camper is under the age of 18 years old.
- **Without written consent, no OTC medications will be administered.**

Below are OTC medications that will be available. Please indicate which ones you are/are not authorizing:

Yes No Acetaminophen (Tylenol)

Yes No Benedryl

Please select and complete one of the following:

- I, (parent name) _____, **DO NOT** authorize the administration of OTC medications to (camper name) _____ while at camp.
- I, (parent name) _____, **DO** authorize the administration of OTC medications to (camper name) _____ while at camp.