

Camper's Name _____ Unit (grade) _____

Please complete the following to allow Skagit Twilight Camp to provide Over the Counter Medication to your camper. The following over the counter medications/ skin treatments are available. The use of sun screen is **STRONGLY** recommended. All OTC are administered per package instructions. See below for Prescription Medication & Allergy information.

If this form is NOT returned, we will not be able to give your child any medications or skin treatments (this includes sunblock and/or insect repellent).

I agree that any of the following may be given to my child during camp

Parent Signature _____ date _____

OR

Only those I have initialed may be given to my child during camp.

Parent Signature _____ date _____

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|--|---------------------------|
| Acetaminophen (generic) _____ | Children's (liquid) _____ |
| Ibuprofen (generic) _____ | Tums (regular) _____ |
| Calahist (Calamine + anti-itch) _____ | Baking Soda Paste _____ |
| Certiburn cream (benlaonizem chloride & lidocaine) _____ | |
| Certisporin (neomycin sulfate) _____ | |
| Insect Repellant (Off botanicals Plant based repellent) _____ | |
| Insect Repellant with Deet (recommended) _____ | |
| Sunblock | |
| Coppertone continuous spray sweat & water proof 50 SPF UVA/B _____ | |
| Walgreen's lotion sport SPF 50 (for faces) _____ | |

If you are sending your child with sunblock, please inform her unit leader or health supervisor.

Prescription Medication Information:

_____ check here if your camper will take prescription medications during camp times. You will need to complete the prescription medication form. Bring that completed form and the medications in original container to check in.

_____ check here if your camper has allergies or special health care needs; if you wish to review these prior to camp, please call Bobbie at 360-420-2925.