



Camper Name: _____

ALLERGIES: _____

HEAD'S UP! HARTFORD

PARENT / GUARDIAN AUTHORIZATION

Non-Prescription Medications

I hereby request permission for my child named _____ to receive over-the-counter medication (*i.e., Ibuprofen, acetaminophen including topical agents and sunscreen*) for minor physical complaints, fever, etc.; which shall be administered by the Heads Up! Hartford Registered Nurse or Designee, or to self-administer sunblock.

Epi pens, asthma inhalers, and oral contraception may be self-administered and carried by the camper at all times.

Parent/Guardian Signature: _____ Date: _____