

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

ALLERGIES: \_\_\_\_\_

HEAD'S UP! HARTFORD

PARENT / GUARDIAN AUTHORIZATION  
Non-Prescription Medications

I hereby grant permission for my child named

\_\_\_\_\_

to receive over-the-counter medication (*i.e., ibuprofen, acetaminophen, antihistamine, topical agents such as antibiotic ointment*) for minor physical complaints which shall be administered by the Heads Up! Hartford registered nurse or designee, and to self-administer sunscreen and bug spray.

Epi pens, rescue inhalers, sunscreen, and bug spray are the only medications (prescription or over-the-counter) or topical treatments that may be carried and self-administered by campers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_