

## Pinecrest Medication Form

**Child's Name** \_\_\_\_\_ **Camp**  
**attending** \_\_\_\_\_

Please give your child's prescription medication, the dosage, and the time to be given. Any over-the-counter medication that is sent will be given per package directions unless specifically requested otherwise.

	Prescription Med	Dosage	Time	Reason
1				
2				
3				
4				
5				
6				

	Over the Counter Med	Dosage	Time	Reason
1				
2				
3				
4				
5				
6				

**I give permission for the Pinecrest staff to administer non-prescription medication –**

Acetaminophen (eg. Tylenol) (discomfort/fever)	Yes	No	Advil (discomfort/fever)
	Yes	No	
Antihistamine (eg. Benedryl) (allergies)	Yes	No	Throat Spray (throat irritation)
	Yes	No	
Constipation Relief (eg. Milk of Magnesia)	Yes	No	Anti-
diarrheal	Yes	No	
Antacid (stomach upset)	Yes	No	HydroCortizone Cream (topical)
Throat Lozenges ( throat irritation, cough)	Yes	No	Yes No

**to my child for non-emergent situations. I also give Pinecrest staff permission to dispense all specifically noted prescription and over-the-counter medications as instructed.**

Sign - Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_