



SUPPLEMENTAL MEDICATION PERMISSION SLIP 2008

Name of Camper _____ Age _____ Weight _____

Allergies: _____

The Camp Yofi infirmary is equipped with over-the-counter medications for routine illness.

I give permission for the Camp Yofi Medical Staff* to administer the following over the counter medications as needed:

_____ Tylenol (Acetaminophen) Initials: _____

_____ Advil, Motrin (Ibuprofen) Initials: _____

_____ Antihistamine (Benadryl, Claritin) Initials: _____

_____ Antacid (Mylanta) Initials: _____

_____ Anti Gas (Gas-X) Initials: _____

_____ Decongestant (Sudafed) Initials: _____

_____ Sunscreen (Coppertone Water Babies 50) Initials: _____

_____ Sunburn Relief Initials: _____

_____ Anti Itch/Anti Bacterial (Creams) Initials: _____

Parent Signature _____ Date _____

* There will be a licensed staff physician at all Camp Yofi sessions.