



HEALTH CONSENT FORM

The undersigned parent/legal guardian of _____
Camper's Name

I hereby request that my child be given the following medication for cuts, fever, pain, swelling or itching. My child is not allergic to these medications nor has he/she had any adverse reaction to them. I therefore give my consent to administer them as needed.

Neosporin Ointment

Bacitracin Ointment

Children's Advil – 100mg every 6-8 hours

Children's Tylenol – 80mg every 4 hours

Children's Benadryl – 12.5mg every 4-6 hrs

Parent/legal guardian signature _____

Date _____