

# MOVE: THE INITIATIVE

## Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

Below, is a list of medicine that our onsite nurse will have the ability to provide to any students who present certain medical complaints:

- Tylenol
- Ibuprofen
- Robitussin
- Chloraseptic
- Syrup of Ipecac
- Colace
- Milk of Magnesia, Metamucil, or Metamucil Wafers
- Sudafed PE or Vicks Vapo Rub
- Immodium
- Carmex
- Bacitracin, Neomycin, or triple antibiotic
- Desitin or A&D Ointment
- Hydrocortisone 1%
- Aloe Vera Gel
- Sun Screen
- Insect bite prevention
- Non medicated lotion
- Maalox or Tums
- Ambesol Regular Strength or Orajel Mouth Aid regular strength

I, \_\_\_\_\_ (Parent/Guardian), hereby give permission to the on-site nurse at MOVE: The Initiative to administer the medications listed above to my child, \_\_\_\_\_ (Camper), as prescribed or directed. I understand that:

- The camp staff will follow the instructions provided above and will not administer medications beyond what is listed without prior written consent.
- The camp staff may contact me or my child's healthcare provider if there are any questions or concerns regarding the medication.

I, \_\_\_\_\_ (Parent/Guardian), hereby do NOT give permission to the on-site nurse at MOVE: The Initiative to administer the medications listed above to my child, \_\_\_\_\_ (Camper), as prescribed or directed.

### Medical Consent

In the event of a medical emergency, I authorize the camp staff to seek necessary medical treatment for my child, including but not limited to contacting emergency services or transporting my child to a medical facility. I understand that I will be notified as soon as possible in such an event.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date