

JASON VARITEK SUMMER BASEBALL CAMP

AUTHORIZATION FOR OVER THE COUNTER MEDICATIONS/ASPIRIN ONLY FORM

I authorize my child, _____ to be given any of the
(Camper's Name)
following common medications at the discretion of the camp nursing staff. I have listed
any exceptions below.

Common non-prescription medications that will be available at camp:

Tylenol (Acetaminophen)
Motrin (Advil/Ibuprofen)
Maalox/Tums
Benedryl

Skin Creams: Hydrocortisone, Bacitracin, Triple Antibiotic Ointment, Caladryl

My child may have/use:

_____ All of the above

_____ All of the above excluding: _____

Parent Name: _____

Signature: _____ Date: _____

NOTE: A doctor's note, along with Authorization for Dispensing Medication Form, is **required** for any medications not listed above.

If this form is not completed and returned prior to July 28th, your child will not be administered any of the above medication