

Camp Wegesegum Inc.

Medication Permission Form

Camper's Name: _____

Permission is given to provide my child with the following non-prescription medication as is necessary during camp:

***Please indicate those that have been taken previously at home**

Acetaminophen (Tylenol) _____ Taken at home _____ yes _____ no

Ibuprofen (Advil) _____ Taken at home _____ yes _____ no

Antihistamine _____ Taken at home _____ yes _____ no

Anti-nauseant (Gravol) _____ Taken at home _____ yes _____ no

Other _____

Signature (parent/guardian): _____

Date: _____