

Camp Wegese gum 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: \_\_\_\_\_