

NON-PRESCRIPTION MEDICATION FORM

Child's Name: _____

I hereby give permission to the approved staff members of the
Prettyboy Home B.A.S.E. Summer Camp to administer the
over-the-counter preparations listed below in accordance with the
directions for use listed on the container.

If a specific brand is required, please specify and provide for the
Summer Camp staff to keep on the premises.

ALL FAMILIES ARE ASKED TO PROVIDE SUNSCREEN FOR THEIR CHILD.

Please label it and keep in backpacks. Please apply sunscreen at home
prior to starting camp for the day.

Baby Wipes _____

Ointment (Vaseline, Desitin, etc.) _____

Insect Repellent (DEET free) _____

Baby Powder _____

Sunscreen _____

Other: _____

- I release the above-named provider from any liability from
administering these products.

Parent signature/Date: _____

Parent signature/Date: _____

If a specific brand isn't specified or the product supplied, we will use
what we have in our first-aid kit. If family provides a product, it must be
in the original container and labeled with the child's name.