

# ROYAL RIDGES RETREAT

## MEDICAL DISPERSION AUTHORIZATION

This report must be on file at Royal Ridges Retreat prior to participation in any activity

Name: \_\_\_\_\_

This section is to ask your permission to give your child medication. Please check the appropriate boxes and sign the bottom. All medications will be given under the direction of our Camp Nurse. Please mark 'yes' if we may give your child these medications **without** your permission. Mark 'no' if you would like us to ask your permission before dispensing medication, regardless of the urgency.

### Oral Medications:

Yes	No	
		Ibuprofen (non-aspirin)
		Benadryl (anti-histamine)
		Children's Tylenol (anti-inflammatory)
		Cough Drops
		Cough Syrup
		Maalox
		Day Quil /Night Quil
		Children's Motrin
		Sudafed

### Ointment Medications:

Yes	No	
		Caladryl (anti-histamine)
		Benadryl (anti-histamine)
		Burn relief
		Vicks
		Sunscreen
		Bactine

### Emergency Medications:

Yes	No	
		Epi-Pens (0.15 mg of epinephrine)
		Eye Wash (Saline Solution)

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_