



2022 Teen Travel Medication Permission Form

Camper's Name: _____ DOB: _____

Parent Signature: _____ Date: _____

Over the Counter Medications - Physician must provide Dosage/Route and Frequency

The following standard Over-the-Counter Medications will be provided by Oasis at LIU Post

Drug Name	Dosage/Route	Frequency	Comments
Tylenol			
Ibuprofen			
Dramamine			
Benadryl			
Tums			

If there is an over-the-counter medication not listed above that you would want your child to take, please have the doctor write it in with dosage/route & frequency. **YOU MUST PROVIDE THE MEDICATION TO THE CAMP.**

All Prescription Medications - All Medications must be in the original container

All prescription medications must be delivered by the parent/legal guardian and brought to the camp.

Drug Name	Dosage / Route	Frequency	Comments

Inhalers:

I request that (Camper's name) _____ be permitted to carry the inhaler on his/her person. He/she has been instructed in and understands the medication's purpose, frequency, and appropriate method of use.

Epi-Pens:

(Camper's name) _____, allergic to _____ has been instructed in and understands the medication's purpose, frequency, and appropriate method of use.

The camper or camper's counselor will carry the Epi-Pen. ***Epi-Pens must be delivered by the parent/legal guardian and brought to the camp. Medication must be in the original container.***

Physician's Printed Name: _____ Phone #: _____

Physician's Signature: _____ Date: _____

Physician's Stamp **REQUIRED:**