

JASON VARITEK SUMMER BASEBALL CAMP

AUTHORIZATION FOR OVER THE COUNTER MEDICATIONS/ASPIRIN ONLY FORM

I authorize my child, _____ to be given any of the
(Camper's Name)
following common medications at the discretion of the camp nursing staff. I have listed
any exceptions below.

Common non-prescription medications that will be available at camp:

Tylenol (Acetaminophen)
Motrin (Advil/Ibuprofen)
Maalox/Tums
Benedryl

Skin Creams: Hydrocortisone, Bacitracin, Triple Antibiotic Ointment, Caladryl

My child may have/use:

_____ All of the above

_____ All of the above excluding: _____

Parent Name: _____

Signature: _____ Date: _____

NOTE: A doctor's note, along with Authorization for Dispensing Medication Form, is
required for any medications not listed above.

If this form is not completed and returned prior to August 1st, your child will not be
administered any of the above medication