



**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

This authorization is limited to the following topical medications:

1. Non-prescription *sunscreen protectants*
2. Non-prescription *insect repellents*

Name of Child: _____ Date of Birth: _____

SUNSCREEN (list below)

Medication: _____

Dose/Amount: _____ Route/Area: _____

Time/Symptoms to give medication: _____

INSECT REPELLENT (list below)

Medication: _____

Dose/Amount: _____ Route/Area: _____

Time/Symptoms to give medication: _____

For my child, _____ I hereby request that the above directions are followed in administering the non-prescription topical medication to my child by a staff member of YMCA Camp Oakasha. I understand that I must supply the non-prescription topical medication in the original container, labeled with the child's name, the name of the medication and the directions for the medication administration. I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian (please print): _____

Signature: _____

Date: _____