

# CAMP AMERICA DAY CAMP

*"Where children learn, laugh and play!"*

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2012 Camp Season

To: All Camp Parents



RE: Medication

Please complete the information below for your child. We will not have to call you for minor occurrences which the nurse can attend to with your permission. If you have any questions, please feel free to call us.

Tylenol liquid	Yes _____	No _____	Dosage _____
Chewable	Yes _____	No _____	Dosage _____
Chewable Jr. Strength	Yes _____	No _____	Dosage _____
Adult	Yes _____	No _____	Dosage _____

Advil liquid	Yes _____	No _____	Dosage _____
Chewable	Yes _____	No _____	Dosage _____
Adult	Yes _____	No _____	Dosage _____

Pepto Bismol Liquid	Yes _____	No _____	Dosage _____
Chewable	Yes _____	No _____	Dosage _____

Benadryl Liquid-Clear	Yes _____	No _____	Dosage _____
Adult	Yes _____	No _____	Dosage _____
Ointment/topical	Yes _____	No _____	Dosage _____

Tums Chewables	Yes _____	No _____	Dosage _____
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Child's Name (printed) \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_