**Rotary Youth Leadership Awards**

A logo with a person raising his arms

Description automatically generated

**Rotary District 7360**

**June 13, 2024-June 15, 2024 – Shepherd’s Spring, Sharpsburg, MD**

**Parent/Guardian Release of Liability Medication Administration Form**

* I grant permission to the RYLA camp nurse to administer the common medications that I have checked below to my child.
* I do not want my child to receive any medications other than what is prescribed by my child’s physician while at camp

The following medications are available and stocked at camp. Please check the box of the medications you permit your child to be given while at camp. Medications will be given at the camp per the manufacturer’s directions.

**Acetaminophen (Tylenol)**

* 325mg capsule/tablet
* 500mg (extra strength) capsule/tablet

Reason: Fever, Pain, Injury, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Ibuprofen (Advil) 200 mg tablet**

Reason: Fever, Pain, Injury, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Diphenhydramine (Benadryl) 25 mg tablet**

Reason: Allergic Reaction, Rash, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Subsalicylate (Pepto-Bismol)**

Reason: Nausea, heartburn, indigestion, upset stomach, diarrhea

**Generic:**

* **Cough Drops**
* **Topical Antibiotic Cream**
* **Hydrocortisone cream**
* **Calamine Lotion After Bite (or similar)**
* **Muscle Rub cream/spray**

