IRON PEAK SPORTS & EVENTS

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2027 Summer Unleashed Over the Counter Medication Form.

I _____ (full name), Parent/Guardian of _____ (camper name) give permission for the Iron Peak Health Director or his designee to administer over the counter products/medication if/when necessary while my child is attending camp:

- Parent/Guardian consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to; topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellant, Tylenol, Ibuprofen.
- Parent/Guardian understands that they will be notified of this action if/when it happens.
- Parent/Guardian understands that over-the-counter medication will be administered in accordance with the instructions on the products packaging.

PLEASE LIST CAMPER'S ALLERGIES:

_____
_____
_____

PLEASE LIST MEDICATION EXCEPTIONS (are there any medications you would prefer us not to use?):

_____
_____
_____

WITH MY SIGNATURE BELOW I CERTIFY AND CONFIRM THAT THE ABOVE INFORMATION IS CURRENT AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE:_____

SIGNATURE OF HEALTH DIRECTOR: _____ DATE:_____