

**Over the Counter Medication Administration
(for Summer Programs and Free Standing Respite House only)**

Name: _____

D.O.B: _____

Medication	Administration
Tylenol 325 mg Take 2 Tabs PO Q4H	Headache, pain, temperature of 101 or higher or general discomfort
Sunscreen and Insect Repellent will be used as needed, unless otherwise noted	Physician's note: (only necessary if not approved)

Additional over the counter medications if applicable: (please list medication name, reason for administration and instructions for each). ** Parents must supply additional over the counter medications listed below **

Topical Treatments:

1) Minor cuts, scratches and abrasions:
Cleanse area with saline at time of injury.
Apply antibiotic ointment and bandage BID, as needed.

2) Insect bites or poison ivy:
Apply calamine lotion as needed.

3) Sunburn:
Apply Aloe Vera gel as needed.

On (date) _____, I examined _____ (name). I reviewed the above information and find it to be accurate. This individual is medically able to participate in Arc of Westchester recreational programs for one year from the date below. This individual may take part in physical activities while participating in recreational programs, when staff deems such activities to be beneficial. If there are any exceptions to this, they will be clearly noted above

Physician's Signature: _____ **Date:** _____

Printed Name: _____ **Tel:** _____

Address: _____