

Adventureland Day Camp
97 Fieldstone Road
Levittown, PA 19056

PERMISSION SLIP FOR TYLENOL & BENADRYL

If the camp is unable to reach me, I give permission to the Nurse to administer the following medications. I realize that generic brands are used and the dose would be based on the camper's age.

Camper's Name: _____ Camper's Age: _____

YES (check one) NO

Tylenol for fever of 101 degrees or higher:

Benadryl for allergic reaction:

Parent Signature

Date