

Adventureland Day Camp  
6401 Hulmeville Rd, Bensalem, PA 19020

**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