



Parent/ Guardian Waiver: Non- Prescription Waiver

Please check appropriate boxes and initial next to check

I give my permission for Terrapin Adventures to administer over the counter Tylenol 325mg, 1 tablet 4 times a day, as seen fit by the camp director or director designee to my child.

My child has been given at least one dose of Tylenol 325mg at home and as not had any adverse reactions.

My child has not been given a dose of Tylenol 325 mg at home and I understand that Terrapin Adventures will not be able to administer any to my child because of this.

I give my permission for Terrapin Adventures to administer over the counter Hydrocortisone 1% Cream, 4 times daily, as seen fit by the camp director or director designee to my child.

My child has had at least one application of Hydrocortisone 1% Cream at home and has not had any adverse reactions.

My child has not been given at least one application of Hydrocortisone 1% Cream at home and I understand that Terrapin Adventures will not be able to administer any to my child because of this.

I give my permission for Terrapin Adventures to administer sunscreen, but not apply it, to my child as needed on a daily basis

I give my permission for Terrapin Adventures to administer, but not apply, bug spray as needed on a daily basis.

Camper's Name: _____

Parent/ Guardian Signature: _____

Date Signed: _____

Corporate Office: 7551 Summer Leave Lane Columbia, MD 21046 410-925-9574

Terrapin Adventures at Savage Mill: 8600 Foundry Street Savage, MD 20763 301-725-1313

301-725-0445 Fax LET YOURSELF SOAR!