



CAMPER MEDICATION FORM

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
www.girlscouts-ssc.org

I hereby request my child, _____, be given the medication described below while she is away at camp, as designated by the physician's order below.

My child does not take prescription medications. _____
Date Parent or Guardian's Signature

Name of Drug (Medication): _____

Dosage: _____

How and when to administer: _____

Reason for Medication: _____

Specific observable effect(s) of medication: _____

Contraindications: _____

This medication may be administered by the Camp Director if the Health Services Staff is unavailable: Yes No

_____ Date

_____ Physician's Signature

_____ Phone at which you may be reached by Health Services Staff or Camp Director.

A FORM IS TO BE COMPLETED FOR EACH MEDICATION A CAMPER NEEDS TO BE GIVEN. The form and medication will only be collected by the Health Services Staff. Campers are **NOT** allowed to keep any medication in units. Any medication brought to camp **WILL NOT** be given unless above form has been **COMPLETED** by physician. Form may be copied.

OVER-THE-COUNTER MEDICATION PERMISSION RELEASE FORM

We would like to have your permission to administer the following over-the-counter medications to your daughter if the need arises. We have Health Services Staff on site while your daughter is at camp. Unless instructed otherwise, they will follow the directions on the medication for dosage. (Please check the medications your daughter is allowed to use.)

- Junior Strength Advil _____ Dosage
- Children's Tylenol/ Acetaminophen _____ Dosage
- Regular Strength Tylenol/Acetaminophen _____ Dosage
- Children's Benadryl _____ Dosage
- Regular Strength Benadryl _____ Dosage
- TUMS/Chewable Antacid _____ Dosage
- Pepto Bismol _____ Dosage
- Robitussen DM (coughs) _____ Dosage
- Imodium _____ Dosage

Parent signature _____ Date _____

I do not want my child to receive any over-the-counter medications without prior permission from me.

Parent signature _____ Date _____