

MEDICATION PERMISSION FORM

To be completed, signed by a custodial parent/guardian

Girl's Name: _____

GUIDELINES:

1. No girl will be given any prescribed or over-the-counter medication without prior, expressed written approval and specific instructions from the custodial parent/guardian.
2. No medication will be administered unless it is in the original container. All over-the-counter medication that a girl brings to camp **MUST** be marked with the girl's name on the label; all prescription **MUST** have the girl participant's name clearly printed on the label, as prescribed for the girl by a medical doctor.
3. All medications, with the exception of physician-identified emergency medications (example: bronchial inhaler) must be placed in a sealed plastic bag and will be taken from the girl's possession at the beginning of the activity and will remain in the possession of the adult in charge. Medications will be returned to the girl at the end of the activity.
4. Participants may keep over-the-counter insect repellent (non-aerosol), sunscreen, and anti-itch lotion/ointment that they bring to camp in their possession, but it must be itemized in the list below.

PERSONAL MEDICATION NOT DESCRIBED BELOW WILL NOT BE ADMINISTERED	
Medication: See #2 above	Directions: dose instructions and how often
1	
2	
3	
4	
5	
6	

Camp-supplied medications:

A limited supply of certain medications will be available for use, however permission to use any of the below listed medications must be initialed by custodial parent/guardian in the box to the left of each allowed medication/application for camp staff to administer any of these to your daughter. Remember to include your daughter's personal dosage instructions for each item.

Permission to Administer Camp-Supplied Medication/Ointments, etc.		
Initials	Medication	Directions: for dose, how often &/or application.
	Acetaminophen – 500 mg.	
	Ibuprofen – 200 mg.	
	Cetirine Hydrochloride (Zyrtec) – 10mg	
	Bismuth Subsalicylate (Pepto Bismal) -262 mg	
	Calcium Carbonate (Antacid) -500 mg	
	Diphenhydramine Hydrochloride (Benadryl) -25 mg	
	Insect Repellent (DEET) -7%	
	Calamine Lotion	
	Afterbite	
	Hydrocortisone Anti-itch Cream 1%	
	Sunblock lotion - SPF 30	
	Aloe Vera Gel	
	Triple Antibiotic Ointment	
	Swimmer's Ear – Alcohol solution - regular strength	
	Tecnu - Wash for poison oak	

Parent/Guardian Agreement

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have written the name(s) of medications she is presently taking and directions for administering them. I have initialed all camp-supplied medications/ointments that have my approval along with the dosage instructions. If any changes to medications are made before camp, the parent/guardian will need to add them to the list and resign this form before camp.

Further, my child has (please check): No known allergies The following allergies (medications or other): _____

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Street Address _____ City, State, Zip _____ E-Mail Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____ Other Phone _____