



## Medication Permission Form

To be completed by and 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 initiated 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.

**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 Or ☐ 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