

Camper's Name _____ Session Number/ Name _____

Dear Parent/ Guardian:

This form needs to be completed and signed on both sides and brought to camp with the camper's completed green Health History forms in accordance with the DHMH Youth Camp regulations and Girl Scout policies and procedures. Please note the following bullets and check which over-the-counter medications that your camper is allowed to take if deemed necessary by the Health Supervisor. All medicines sent with the camper are stored in a locked area of the nurse's station and are administered by the Health Supervisor. This is true for all medicines except in the case of emergency medicines (EPI pens, inhalers, etc.) that need to be with the camper and in that case, the Unit Leader will carry it in the Unit's First Aid kit that will be with the camper at all times. Camp Conowingo has a Self Administration Policy in effect for all campers that are attending one of our camps under the direction of health personnel. Please ensure that your camper has experience in administering their own medicine, under supervision, if they are attending camp.

- Check here that at least one dose of the prescription sent to camp was given to the camper at home.
- Camper is being sent with any potentially needed emergency medicines (EPI pens, inhalers, etc.)
- I have completed and signed both sides of this form as well as the green Health History forms.

The following over-the-counter medication or environmental protection supplies will be available in the nurse's station and administered to campers as deemed necessary by the Health Supervisor, with your permission:

- Acetaminophen
- Ibuprofen
- Hydrocortisone Cream
- Calamine Lotion
- Sunscreen
- Aloe Vera
- Insect Repellant
- Pepto Bismol

I give permission for the above checked medications to be administered to my camper in the appropriate dose.

Parent/ Guardian Name _____ Parent/ Guardian Signature _____ Date _____

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Medications **Important This Form MUST be completed and sent with camper's Health History Form.**

List all medications including prescriptions, over-the-counter medications and vitamins to be administered at camp. Bring enough medication to last the entire length of stay. **Keep medications in the original packaging/ bottle** that identifies the patient's name, prescribing physician (if prescription), the medication name, the dosage, date filled, prescription number and the frequency of administration. Label all over-the-counter medications with camper's name and keep in the original container. For a nonprescription medicine that is being administered **differently** from the medicine container's label directions, you must send written authorization from your camper's health practitioner.

Medication/ Vitamin Name	Reason prescribed, taken or circumstances in which medication is given	Dose	Frequency/ Number of times per day taken	Time(s) to be administered. Check all that apply. <i>Note: meal times are general. If medication needs to be administered at a specific time, please indicate.</i>
1.				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Specific Time : a.m. or p.m.
2.				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Specific Time : a.m. or p.m.
3.				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Specific Time : a.m. or p.m.
4.				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Specific Time : a.m. or p.m.

Parent/ Guardian Name _____ Parent/ Guardian Signature _____ Date _____