



Girl Scouts Heart of the Hudson, Inc.
www.girlscoutshh.org

GIRL SCOUT SUMMER CAMP MEDICATION FORM

Name: _____ Date of Birth: _____

THIS FORM MUST INCLUDE ALL MEDICATIONS (over the counter and prescriptions) A CAMPER NEEDS TO BE GIVEN (including vitamins, salves, ointments, drops, etc.). The form and medication will be collected by the Camp Health Supervisor. Campers are NOT allowed to keep any medication in units. Any medication brought to camp WILL NOT be given unless this form has been COMPLETED.

This form must be signed by both the parent/guardian and a physician. A physician must sign this form even if your child is only taking over the counter medications!

MEDICATION NAME, DOSAGE & ROUTE	WHEN TAKEN (SPECIFIC TIMES)	FOR WHAT PURPOSE

The administration of this medication may be supervised by the Camp Director or Unit Leader if the Health Supervisor is unavailable: Yes () No ()

Date

Parent's or Guardian's Signature

Date

Physician's Signature

Stamp

