girl scouts of nypenn pathways

Upload this completed document to your camper's CampDoc account.

Questions? Contact info@gsnypenn.org or 315.698.9400

2023 PERMISSION TO DISPENSE MEDICATION FORM

Camper's Full Name: _____ Birth Date ____/____/____ Age:_____

PERMISSION TO DISPENSE MEDICATION

TO BE COMPLETED BY A LICENSED PHYSICIAN

In accordance with the New York Health Department ALL medication may be dispensed only under the guidelines of a physician. **NO MEDICATION (prescription or over-the-counter) WILL BE DISPENSED WITHOUT THIS SIGNED PERMISSION.**

Prescription and non-prescription medications must be sent in the original container which includes directions for dispensing. Send only the amount to be given to the child during the program/event/trip. Over-the-counter medications are stocked at camp, so it is not necessary to provide them.

Medication	Dosage	Frequency	Indication
A & D Ointment	_____	_____	_____
Acetaminophen Tablet	_____	_____	_____
Antibiotic Ointment (Neosporin)	_____	_____	_____
Antihistamine/Allergy Medicine	_____	_____	_____
Benadryl – topical	_____	_____	_____
Calamine Lotion			
Children's Liquid Ibuprofen	_____	_____	_____
Children's Liquid Tylenol			
Diphenhydramine (Benadryl) – Oral	_____	_____	_____
Ibuprofen Tablet	_____	_____	_____
Solarcaine Spray or Aloe	_____	_____	_____
Tums	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

Prescription Medication Name	Dosage	Frequency	Indication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licensed Physician's Signature _____ Phone (_____)_____

Print Physician's Name _____ Fax (_____)_____

Date of Completion_____By:_____

*Initial if completed by nurse or physician's assistant