girl scouts

Camper_____ Camp_____ Dates _____ Unit _____

Girl Scouts of Western Washington

Camper Daily Medication Record

This card is for any medications sent to camp with the camper, over the counter or prescription. Prescription medications do **require** Doctor's instructions on the label and packed in original container. Daily over the counter medications should include dosage, and schedule for administering. Complete the bold section of the box for each medication you are sending to camp with your child. Place this card in a zip lock bag with the medications and your child's name written clearly on the bag. This will be checked in with the Health Supervisor on the first day of camp. Please be available to discuss health issues and medication combinations.

The following over the counter medications do not need to be sent to camp unless they are to be used on a daily basis for a specific ailment. Please cross out those medications listed which we **MAY NOT** administer. ***For Pain:*** *Acetaminophen, Ibuprofen* ***For Cough/Cold:*** *Pseudoephedrine, Phenol Spray or menthol lozenges, Guaifenesin and Dextromethorphan HBr,* ***Insect bites or Poison Ivy & Oak with swelling****: Diphenhydramine tablets or cream, Calamine/Caladryl lotion, Hydrocortisone Cream ≤ 1%,* ***Digestive Upsets****: Bismuth subsalicylate, Calcium Carbonate, Docusate Calcium, Magnesium Hydroxide, Loperamide HCl, Peppermints* ***Cuts, Scrapes, Splinters****: Bacitracin / Neomycin / Polymyxin ointment,* ***Athlete's Foot****: Clotrimazole Cream.* Girl Scouts of Western Washington **will not** administer aspirin to campers. Please be sure this information is also reflected on the Health History Form. Please attach additional sheets as needed for additional medications.

All over the counter and prescription medications and vitamins must be listed on this form, and disclosed to the Health Supervisor at Check IN.

Medication_____

Dosage/Directions_____

Circle one: Prescription Over the Counter

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: Prescription Over the Counter

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: Prescription Over the Counter

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: Prescription Over the Counter

Date ▶ Time▼							

Name of person providing written instructions (must be parent/guardian or physician)_____

Parent/Guardian Signature_____ Date_____

Camper_____ **Camp**_____ **Dates** _____ **Unit** _____

Instructions for use on opposite side.

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							

Medication_____

Dosage/Directions_____

Circle one: **Prescription** **Over the Counter**

Date ▶ Time▼							