



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. Please 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.

The following over the counter medications do not need to be sent to camp unless they are to be used on a daily basis. Please cross out those medications listed which we **MAY NOT** administer. *Tylenol, Ibuprofen, Benadryl, Chlor-Trimeton, Robitussin, Sudafed, Chloraseptic spray, Cough drops/Throat lozenges, Tums, Pepto Bismol, Altoids or Peppermint, Kaopectate, Milk of Magnesia, Insect Repellent (30% level Deet), sunscreen (paba free), Aloe Vera plant or gel, Calamine or Caladryl lotion, Baking Soda or Meat tenderizer paste, 1% hydrocortisone cream, Antibiotic ointment.* Girl Scouts of Western Washington **will not** administer aspirin to campers.

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 _____ Session _____ 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 _____
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Circle one: Prescription Over the Counter

Date ▶ Time ▼							

Medication _____
Dosage/Directions _____
Circle one: Prescription Over the Counter

Date ▶ Time ▼							