

MEDICATION FORM

For Prescription and Over-The-Counter Medication

The First-Aider will keep and administer all medications. All medications, prescription or over-the-counter, must be stored under lock or in the controlled possession of the First-Aider, and must be dispensed only under the specific directions of a licensed physician or under written instructions from a parent or guardian. **All medications, prescription or over-the-counter, must be in the original container labeled with the girl's name.**

Girl's Full Name: _____
Last
First
MI

Please complete for each prescription:

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

Medication Name _____
Amount to be given _____

Prescription # _____
Times given _____

I authorize medication to be dispensed as stated above.

Parent's/Guardian Signature Date

****NOTE:** Emergency medication such as bee sting kits or asthma inhalers may be kept by the camper in a hip bag. Parent still must give signed permission for use.