

GSCNC SUMMER DAY AND EVENING CAMPER MEDICATION PERMISSION FORM

Camper Name: _____

Camp Name: _____ Dates of Camp: _____

- **IMPORTANT:** A Physician and parent must sign this form if any **over-the-counter medications (i.e.** Dramamine, vitamins, Pamprin, etc) are listed. A parent signature is sufficient if there are **NO over-the-counter medications listed.**
- By law all prescription medications must be brought to camp in their **original containers**, with the doctor's instructions. DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.
- All prescription medicines must be in original container with **pharmacy label** with prescription number, date filled, prescribing physician's name, name of medication, directions for use, and the patients name. All Over-the-Counter medications must be in **original container** should have the campers name written on the box.
- At least one dose of any medication **MUST** be given to camper at home before bringing to camp.
- Indicate what time the medication is to be taken.
- Please indicate if medicine is taken daily or as needed
- You must be specific with any variations or conditions associated with "as needed"

Use additional form if more room is needed.

Medication Name	Reason taking	Date of dose taken at home prior to camp	Dosage	Breakfast	Lunch	Other: (specify what time)	As needed

Parent/guardian _____ Date _____

Licensed Physician _____ Date _____
(Necessary for ANY and ALL Over the Counter Medication)

Address _____

Phone _____ Fax _____