

Instructions for dispensing medication at Girl Scout Day Camp

UNIT: _____

Place this form and all medications in a gallon size zippy bag with the camper's name and unit printed on the bag.

Remember: All medicine MUST be in its original container. Be sure to list Epi-pens and inhalers too!

Date: _____

Camper's Name: _____

Doctor's Name: _____

Doctor's Phone #: _____

Medicine 1: _____

Circle one: RX (prescription) OTC (over-the-counter)

Dosage (# of pills): _____

When given (time of day)? _____

How administered (by mouth)? _____

Medicine 2: _____

Circle one: RX (prescription) OTC (over-the-counter)

Dosage (# of pills): _____

When given (time of day)? _____

How administered (by mouth)? _____

Medicine 3: _____

Circle one: RX (prescription) OTC (over-the-counter)

Dosage (# of pills): _____

When given (time of day)? _____

How administered (by mouth)? _____

Medicine 4: _____

Circle one: RX (prescription) OTC (over-the-counter)

Dosage (# of pills): _____

When given (time of day)? _____

How administered (by mouth)? _____

Parent signature _____

Parent Name (print) _____

Parent Phone #: _____

NOTE: If parents' instructions contradict Doctor's instructions OR package directions, parents' instructions will be disregarded and Doctor's instructions or package directions will be followed.