



Girl Scouts.

Girl Scouts of the Missouri Heartland, Inc. Medication Information Form

| | |
|----------------------|-------|
| Camp Use Only | |
| Feet | _____ |
| Head | _____ |
| Temp. | _____ |
| Weight | _____ |
| Other | _____ |

Girl's Name _____
 Camp Session _____
 Camp Unit _____

On-Site Medications

My daughter, _____, in consultation with the on-site HEALTH CARE PROVIDER, has permission to take or use the medications checked below as needed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Kaopectate | <input type="checkbox"/> Benadryl Tablets |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> First Aid Ointment | <input type="checkbox"/> Benadryl Lotion or Spray |
| <input type="checkbox"/> Midol | <input type="checkbox"/> Cold Capsules | <input type="checkbox"/> Neosporin Cream |
| <input type="checkbox"/> Ibuprofin | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Throat Lozenges |
| <input type="checkbox"/> Alcohol in ears to prevent infection after swimming | <input type="checkbox"/> Tums/Rolaids | <input type="checkbox"/> Milk of Magnesia |
| <input type="checkbox"/> Nasal drops to lubricate nasal membranes | | |
| <input type="checkbox"/> Other (be specific) _____ | | |

My daughter/ward should **not** be given the following medications or first aid applications:

Regular Medications

My daughter takes the medications listed below on a regular basis. (*Please include both prescription and non-prescription medicines. Include such items as allergy relief and menstrual cramp relief medications.*)

| | Name of Medication | Dosage | Frequency | Purpose |
|----|---------------------------|---------------|------------------|----------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |
| 4. | _____ | | | |

NOTE: All medications will be dispensed by the HEALTH CARE PROVIDER. All medication must be in the original container. Sample size prescription medicine must have doctor's written instructions included. Prescriptions cannot be filled, refilled or written for you. Please bring an adequate supply.

Parent/Guardian Signature _____ Date _____

**Please return this form at summer camp check-in.
NO MEDICATION WILL BE DISPENSED WITHOUT A PARENT/GUARDIAN SIGNATURE.**

