

Baden-Powell Council – Medication Permission Form

Dear Parent or Guardian,

If you wish for you or your child to receive ANY medication during camp, NYS regulations require written permission from your health care provider. This includes both prescription and over-the-counter medications, and must be renewed annually.

Scout's Name _____ DOB _____ Unit _____

TO BE COMPLETED BY A LICENSED HEALTH CARE PRESCRIBER:

Please note that you must bring all medication in **ORIGINAL BOTTLES** with specific directions.

The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check mark if this patient may receive any of these medications.*

- Acetaminophen as directed Q4hr PRN temp < 101F, minor pain or discomfort.
- Ibuprofen 200mg-400mg Q4-6hr PRN minor pain or discomfort.
- Benadryl Elixir/Tab 12.5-50mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24hr, minor allergic reaction.
- After-Bite (Ammonium Hydroxide) apply topically to insect bites PRN, itching.
- Caladryl/Calahist lotion apply topically to affected area PRN, minor itching.
- Caldecort/Cortisone cream to affected area PRN, minor skin irritation.
- A&D Ointment to affected area PRN, minor skin irritation.
- Neosporin/ Bacitracin Antibiotic Ointment, apply topically to affected area PRN, minor cuts or abrasions
- Chloraseptic Spray/Lozengers PO Q2-4hr PRN minor throat discomfort.
- Cough Drops PO PRN coughing

* Note: If there are any changes in medications or other medical information after this form has been submitted, please notify the camp in writing. Also, if you change physicians, please provide their contact information *(*same format as below*) in writing.

Physician/Practitioner Signature _____ Date: _____

*Please print: Physician's Name: _____
Address: _____
Phone: _____

Parent/Guardian Permission - Use of Sunscreen at Camps

Self Application

I give permission for _____ to carry and self apply
(camper's name)
sunscreen. I understand that the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

- 1) The sunscreen will only be used to prevent overexposure to the sun.
- 2) Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

Signature _____ Date _____

Assisted Application

If _____ is unable to apply the sunscreen themselves
(camper's name)
I give permission for the camp staff to assist in the application of the sunscreen.

Signature _____ Date _____

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their Safety Plan.