

# 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 LISCENSED 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.\*

- 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

\* 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 & Insect Repellent at Camps

**Self Application**

I give permission for \_\_\_\_\_ to carry and self-apply  
(camper's name)

Sunscreen and insect repellent. I understand that the following conditions must be met in order to promote proper and safe use of sunscreen and insect repellent at Camp:

- 1) The sunscreen will only be used to prevent overexposure to the sun.
- 2) The insect repellent will only be used to prevent overexposure to insects.
- 3) Only sunscreen and insect repellent 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 and/or  
(camper's name) insect repellent themselves.

I give permission for the camp staff to assist in the application of the sunscreen and/or insect repellent.

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.

Reminder: Insect Repellent 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.