

BADEN-POWELL COUNCIL, BSA

MEDICATION PERMISSION FOR SCOUT CAMP

Dear Parent or Guardian;

If you wish your child to receive ANY medication during camp, the New York State regulation requires **written permission from your health care provider and parent. This includes all prescriptions and/or over the counter medications. This written permission must be renewed annually.**

A. TO BE COMPLETED BY THE LICENSED HEALTH CARE PRESCRIBER:

Name of Camper	Date of Birth	
1. Medication		
Dosage:	_____	
Frequency:	_____ (How often is it given?)	
Time or times of administration:	_____	
2. Medication		
Dosage:	_____	
Frequency:	_____ (How often is it given?)	
Time or times of administration:	_____	
3. Medication		
Dosage:	_____	
Frequency:	_____ (How often is it given?)	
Time or times of administration:	_____	
Name of licensed Prescriber:	License#:	
Signature	Phone Number	Date

B. TO BE COMPLETED BY PARENT OR GUARDIAN

I request that my Child _____ receive the medication as prescribed by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the camp medical officer would supervise the administration of the medication.

Signature	Date

COPY AS NEEDED –ONE ENTRY LINE PER MEDICATION