Scout Name_____ **Pack/Troop #**_____
Camp Name_____

SUMMER CAMP PRESCRIPTIONS, MEDICATIONS, & EMERGENCY MEDICATIONS

Parents: Please complete this form, with physician, parent, & Scout signatures, as close to camp attendance as possible, when the prescription medications information will be current. A new form with all signatures is required by New York State law every year. Send this form to GNFC office by mail, FAX, or via the unit leader prior to check in at camp.

Section 1 – Prescription Medicines
Please fill in the chart for any prescription medicine to be taken at camp. All youth prescription medicine must be turned in to the Camp Medical Director by the Unit Leader during check-in. Prescriptions will be secured with and dispensed by the Camp Medical Director until check-out. Changes to prescriptions must be in writing from the physician who approves this physical.

Prescription Name	Dosage	Times To be taken

Section 2 – Over the Counter Medicines

The Following is a list of over-the-counter medications that may available & dispensed by the Camp Medical Director at camp.

Please indicate in EACH BOX: Y if this patient may receive these medications, N if not. Fill in each box.
:

- ☐ **Caldecort/Cortisone** cream to affected area PRN minor pain or discomfort.
- ☐ **Acetaminophen** 15mg/kg Q4hr PRN temp<101 F, minor pain or discomfort.
- ☐ **Ibuprofen** 200mg-400mg Q4-6hr PRN minor pains or discomfort.
- ☐ **Robitussin** 1-2 Tsp. PO Q6-8hr PRN coughing.
- ☐ **Benadryl** Elixir/Tab 12.5-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24hr, minor allergic reaction.
- ☐ **Chloraseptic Spray** PO Q2-4hr PRN minor throat discomfort.
- ☐ **Neosporin/Bacitracin Antibiotic Ointment** apply topically to affected area PRN minor cuts/abrasions.
- ☐ **Caladryl/Calahist** lotion topically to affected area PRN minor itching.
- ☐ **Kaopectate** 30-60 ml after each loose BM, not to exceed 6 doses/day or a period<48hrs. Notify physician after 48 hours.
- ☐ "**After Bite**" (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- ☐ **A & D Ointment** to affected area PRN minor skin irritation.

Section 3– Emergency Prescriptions (Epi-pen, Rescue Inhaler, etc.) Complete this section ONLY IF your child needs to carry emergency prescriptions with him at all times. This is to certify that the above named Scout must carry the following emergency medication_____ with him during camp. He has been trained by his physician on the proper use of the medicine. We also understand that the camp medical officer has the right to spot check that the scout is carrying his medicine. The scout understands that he must report any usage to the camp medical officer immediately.

NEW FORM & SIGNATURES REQUIRED EVERY YEAR **Date**

Physician:_____ _____

Parent/Guardian:_____ _____

Scout: _____ _____

BOTH this form & **Personal Health & Medical Record** are required for camp participation.

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