

**2022 PERMISSION TO
DISPENSE
MEDICATION FORM**

Upload this completed document to your camper's Information Form (<https://bit.ly/Camphealthform>) at least 2 weeks prior to your camp start date.

Questions? Contact info@gsnypenn.org or 1.800.943.4414

Camper's Full Name: _____ Birth Date ____/____/____ Age: _____

PERMISSION TO DISPENSE MEDICATION
TO BE COMPLETED BY A LICENSED PHYSICIAN

In accordance with the New York Health Department ALL medication may be dispensed only under the guidelines of a physician. **NO MEDICATION (prescription or over-the-counter) WILL BE DISPENSED WITHOUT THIS SIGNED PERMISSION.**

Prescription and non-prescription medications must be sent in the original container which includes directions for dispensing. Send only the amount to be given to the child during the program/event/trip.

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Indication</u>
A & D Ointment	_____	_____	_____
Acetaminophen Tablet	_____	_____	_____
Antibiotic Ointment (Neosporin)	_____	_____	_____
Antihistamine/Allergy Medicine	_____	_____	_____
Benadryl – topical	_____	_____	_____
Calamine Lotion	_____	_____	_____
Children's Liquid Ibuprofen	_____	_____	_____
Children's Liquid Tylenol	_____	_____	_____
Diphenhydramine (Benadryl) – Oral	_____	_____	_____
Ibuprofen Tablet	_____	_____	_____
Solarcaine Spray or Aloe	_____	_____	_____
Tums	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

<u>Prescription Medication Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Indication</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licensed Physician's Signature _____ Phone (____) _____

Print Physician's Name _____ Fax (____) _____

Date of Completion _____ By: _____

*Initial if completed by nurse or physician's assistant