

PLEASE COMPLETE AND EITHER RETURN OR UPLOAD DIRECTLY TO YOUR
CAMPDOC ACCOUNT AT LEAST 2 WEEKS PRIOR TO YOUR CAMP START
DATE

Mail to:
Girl Scouts NYPENN Pathways: Summer Camp
960 James Street 2nd Floor
Syracuse NY 13203

PERMISSION TO DISPENSE MEDICATION FORM

Campers Full Name _____

Grade in Fall 2025: _____

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>OTC 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	_____	_____	_____

<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