

2008 HENDERSON SCOUT RESERVATION
MEDICATION PERMISSION FOR BOY 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: _____

Signature: Doctor, PA, or NP	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 understood that the camp medical officer would supervise the administration of the medication.

Signature	Date
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