

**Otschodela Council - 2006 HENDERSON SCOUT RESERVATION
MEDICATION PERMISSION FOR BOY SCOUT CAMP**

Name of Scout:

Date of Birth:

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:

Medication	Dosage	Frequency	Time (s) of Administration
1			
2			
3			
4			
Name of Licensed Prescriber (Print):			
Signature:		Phone Number:	
Circle one: MD, FNP, PA		Fax:	
Date Signed:			

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.

Parent Signature:	Date:
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COPY AS NEEDED