



**Girl Scouts**  
Where Girls Grow Strong™

Girl Scouts of Oregon and Southwest Washington

## Day Camp Medication Permission Form

Prescription and Over the Counter Medications from Home: If there are medications your camper may need at camp, please provide them in the original packaging with doctor/parent instructions. Please have your camper turn the medication and form into the Camp Health Supervisor at the start of camp.

\_\_\_\_\_ has my permission to receive the following medications at camp:  
(name of camper)

Medication:	Instructions for administration:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian