



# Service Unit Day Camp Treatment Permission Form

This form allows the Service Unit Day Camp Health Supervisor to provide the following treatment without prior notification to a girl's parents/guardians. Please provide your permission by initialing each treatment the Service Unit Day Camp Health Supervisor may administer.

Girl's Full Name: \_\_\_\_\_

Treatments to be administered by the Service Unit Day Camp Health Supervisor due to a first aid/health situation:

- \_\_\_\_\_ Acetaminophen
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Benadryl
- \_\_\_\_\_ Band-Aid
- \_\_\_\_\_ Calamine/Caladryl lotion
- \_\_\_\_\_ Eye/ear irrigation solution
- \_\_\_\_\_ Hydrocortisone lotion
- \_\_\_\_\_ Ice/Warm packs
- \_\_\_\_\_ Skin cleansing agent
- \_\_\_\_\_ Topical (skin) antibiotic
- \_\_\_\_\_ Application of insect repellent, only if provided by parent/guardian.
- \_\_\_\_\_ Application of sunscreen, only if provided by parent/guardian.
- \_\_\_\_\_ Administration of prescription medication, only if provided by parent/guardian in original container and with specific instructions for administration provided by parent/guardian.

My Girl Scout needs the following prescription medication(s), include administration instructions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

All treatments must be documented in the Service Unit's Day Camp Health Record Log. This completed form, along with the Health Record Log, will be archived by GSMISTS following the conclusion of Day Camp.

I give my permission for the above treatments as initialed above.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_