



PLEASE BRING WITH YOU TO CAMP CHECK-IN ONLY IF YOU ARE BRINGING MEDICATION

Girl Scouts of Michigan Shore to Shore MEDICATION LOG

Girl's name _____
 First Last

Camp Anna Behrens Camp Sakakawea
 Daisy Days

Session date _____ Session name _____

Parents please note: Complete non-shaded areas for each medication to accompany your daughter. All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the camper. No exceptions!

I hereby give permission for Camp Anna Behrens/Camp Sakakawea/event staff to assist my child to take the following medications according to the directions on the label. Staff assists campers with their medications after the meal and at bedtime.

Please Note: For medications that are marked "as needed", your child is responsible to seek out the first aider to request her medication. The staff will not seek out your daughter to assist with "as needed" medication. At day events, overnights, and minicamps, the camp staff cannot provide over-the counter medications without first obtaining parental consent over the phone.

Parent/guardian signature _____ Date _____

List each medication in a new box. List exact dosage (i.e. milligrams or teaspoons). Mark the time of day the medication should be taken. List any special comments in comment box.

Inhalers, Epi Pens stay with the camper or with the camper's counselor depending on your preference.

EXAMPLE:

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
Claritin	10 mg. (1 pill)	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								Must take prior to meals.
			For Office Use Only							
			DO NOT WRITE IN SHADED AREAS							

GIRL'S NAME _____

SESSION _____

DATES _____

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other <input type="checkbox"/> As needed								

