



Note:
Complete this
form for *EACH*
camper.

Camp Good Grief 2010 RX Dispensary Log

Camper's Name _____
(First) (Last)

Date of Birth: _____ Age: _____ Sex: _____

Child's Height: _____ Child's Weight: _____

Initial **EITHER** Yes or No below for **EACH** item:

May we dispense **Tylenol/Pain Reliever** in the appropriate dosage for your child's age and weight, if needed?

Yes No _____
(Signature of Parent or Guardian) (Date)

May we dispense **Caladryl** Clear Lotion in the appropriate area for your child, if needed?

Yes No _____
(Signature of Parent or Guardian) (Date)

May we dispense **Benadryl** Itch Stopping Gel in the appropriate area for your child, if needed?

Yes No _____
(Signature of Parent or Guardian) (Date)

May we dispense **Bactine** Pain Relieving Cleansing Spray in the appropriate area for your child, if needed?

Yes No _____
(Signature of Parent or Guardian) (Date)

May we dispense **Pepto Bismol** in the appropriate dosage for your child's age and weight, if needed?

Yes No _____
(Signature of Parent or Guardian) (Date)

I give permission to the agents of Camp Good Grief to administer first aid to my child and authorize emergency transport to the nearest acute care facility.

Yes No _____
(Signature of Parent or Guardian) (Date)