

# TROOP 28 - MEDICATION INFORMATION FORM

All medications must be in the original pharmacy container with patient's name, drug and dosage clearly marked including any "over the counter" medications.

**Who should use this form?** Any Scout or Scouter (adult) attending campouts and/or summer camp.

**What do I do with this form?** Turn it in with your BSA Medical Form A & B or to your Scout Master / Camp Leader

Scout's name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Doctor's Name & phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

1. Medication Name \_\_\_\_\_

For: \_\_\_\_\_

Dosage: \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

2. Medication Name \_\_\_\_\_

For: \_\_\_\_\_

Dosage: \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

3. Medication Name \_\_\_\_\_

For: \_\_\_\_\_

Dosage: \_\_\_\_\_ Storage Instructions \_\_\_\_\_

Total Quantity Needed \_\_\_\_\_ Quantity Sent to Camp \_\_\_\_\_

If a Scout or Scouter is using more than three medications, then please use additional forms.

**Waiver:** This information is confidential and is provided to troop leaders and/or Health Officers for the express purpose of helping to ensure a healthy, safe, camping experience. This form may be shared with medical personnel should the necessity arise and will be part of your medical record.

Signature of Adult/parent \_\_\_\_\_ Date \_\_\_\_\_

List medications your son/you are allergic to: \_\_\_\_\_ is allergic to \_\_\_\_\_

**TROOP POLICY ON PRESCRIPTION MEDICATION AT CAMP:** To prevent problems with giving your child's medication, your child **MUST** have this form completed for any prescription medication with their BSA Health Form. Medication **CAN NOT** be given to your child unless the leader is in receipt of this form.

NAME: \_\_\_\_\_

- 1.) List medication name that is on the bottle/package.
- 2.) Special notes (i.e. with food, only on Monday, etc)
- 3.) Indicate on the chart what time the medication should be given and dosage.

Medication Name/ and frequency of administration listed on the bottle: <b>NOTE: list each medication separately</b>	Notes: i.e.: *with food, *without food, *Only ___ day of the week, etc.	Dosage given with Breakfast (7-8 AM)	Dosage given with Lunch (12-1 PM)	Dosage given with Supper (6PM)	Dosage given at bedtime