

CAMPER MEDICATION FORM

CAMPER: _____ TROOP: - _____

1. MEDICATION REQUIRED: (To be filled in by Parent)

Name of medication: _____ Dosage: _____

Reason for medication: _____ Time of Administration: _____

Possible common reactions to medication: _____

Comments regarding medication: _____

This form has been designed to meet the requirements of the State of Michigan as well as the Boy Scouts of America. It should benefit the Scout in assuring the proper medication at the proper time, and benefit the health officer in knowing exactly what the parent is requesting the health officer to do, and provides a record that the request was carried out.

NOTE: All prescribed medication must be kept in the original container bearing the physician's name, directions for use, and the patient's name.

2. PRESCRIBING PHYSICIAN:

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

3. PARENTAL PERMISSION:

I hereby request that my child be administered his prescribed medication at camp by the approved Camp Health Officer or the Troop Leader(s) named below. I understand that the medication at camp will be administered exactly as per the directions as prescribed by the above named physician.

Authorized person(s) to administer medication:

Name: _____ Name: _____

Indicate "none" in any space above left blank

SIGNED: _____ DATE: _____

(Please print your name) _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____

4. RECORD OF ADMINISTERED MEDICATION

A. If given by Camp Health Officer, it will be posted in the camp medical log.

B. If given by a Troop Leader, it must be recorded on the reverse side of this form, and turned in to the Camp Health Officer at the close of camp to become a part of the camp records.

5. MEDICAL MAINTENANCE:

A. All medications must be kept in a locked area of the health office.

