

MEDICATION RECORD

*THIS FORM MUST BE FILLED OUT FOR ANY CAMPER THAT WILL BE TAKING MEDICATION AT CAMP. MEDICATION WILL **NOT** BE DISPENSED WITHOUT THIS FORM. PLEASE ENSURE THAT AN ADEQUATE SUPPLY OF THE MEDICATION IS SENT TO CAMP. LIST ALL MEDICATION INFORMATION ON THE BACK OF THIS FORM.*

PLEASE PRINT LEGIBLY

1) **SCOUT NAME:** _____

2) **PARENT/GUARDIAN NAME:** _____

3) **PARENT/GUARDIAN TELEPHONE NUMBER** (including Area Code) (_____) _____

4) **CAMP** (please circle appropriate camp)

CAMP WHEELER CUB DAY CAMP WATCHUNG CUB DAY CAMP

CUB/WEBELOS RESIDENT CAMP

1ST CLASS 1ST BOY SCOUT DAY CAMP CAMP SOMERS TROOP RESIDENT CAMP

WINNEBAGO TROOP RESIDENT CAMP SABATTIS TROOP RESIDENT CAMP
 PROVISIONAL CAMP

MEDICATION DISPENSING POLICY

- ❖ The BSA Routine Drug Administration Record will be completely filled out by the Health Officer.
- ❖ Each Scout will be observed to ensure the medication is being taken.
- ❖ If a Scout does not visit the Health Lodge to take the medication, the Scoutmaster or leader in charge at camp will be notified to bring the Scout to the Health Lodge.
- ❖ If a Scout refuses to take medication, the Leader and Camp Director will notify the parents immediately.

CAMP MEDICATION GUIDELINES

- ❖ All medications(for Scouts, as well as adults) must be kept at the camp's Medical Facility.
- ❖ The camp's Health Officer must administer all medications.
- ❖ Non prescription medications are subject to the same guidelines as prescription medications.
- ❖ All prescription drugs **MUST** be in the original container, labeled with the camper's name, dosage, frequency, Doctor's name and prescription number. Any medication not meeting these requirements will not be allowed in camp!

I HAVE FILLED OUT THIS FORM TO THE BEST OF MY KNOWLEDGE, AND HEREBY GIVE PERMISSION TO THE CAMP HEALTH OFFICER TO ADMINISTER THE NAMED MEDICATIONS TO MY SCOUT.

PARENT/GUARDIAN SIGNATURE: _____

