

TROOP 842 MEDICATION REQUEST FORM

Date: _____

Scout's Name: _____

1 Name of Medication: _____

Date(s) to be Administered: _____

Time(s) to be Administered: _____

Dosage: _____

2 Name of Medication: _____

Date(s) to be Administered: _____

Time(s) to be Administered: _____

Dosage: _____

3 Name of Medication: _____

Date(s) to be Administered: _____

Time(s) to be Administered: _____

Dosage: _____

Physician's Phone Number (if prescription): _____

PLEASE NOTE:

- 1 Although every effort will be made to insure the administration of medication on a timely basis, Troop 842 personnel are not responsible for any missed doses.
- 2 Medication should be placed in baggies, each containing all medication to be taken at that dosage period. The original prescription container should be included, and be properly labeled with dosage and instructions to administer. *(Please ask pharmacist to provide an extra bottle)*
This will help ensure that the correct medication is administered to the right person.
- 3 Tablets must be cut in half by parent if half tablets are to be administered.
- 4 Any unused medication will be returned to parents.
- 5 Parents must provide an emergency phone number where they can be reached if needed.
(cellular phone, pager # or other number where you can be reached)

Parent's Signature: _____

Parent's Phone Number During Camp-out: _____