



Troop 753 Camp Medication Form



Campout & Date: _____

Scout Name: _____

Parent/Guardian: _____

Emergency Phone: _____

Doctor: _____

Doctor's Phone: _____

Medications to be given (include time/frequency and dosage):

AM/PM How much Name of medication

1. _____
2. _____
3. _____
4. _____
5. _____

Release acknowledgement

I have filled out this form to the best of my knowledge, and hereby give permission to the designated "Medicine Man" or camp health director to administer the named medications to my scout.

Parent/Guardian signature: _____

Date: _____

Place this completed form AND medicine in a gallon size zip lock type bag and turn it into the designated "Medicine Man".



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Camp Medication Form



This form must be filled out for any camper that will be taking prescription 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 on this form the names of the specific medication to be administered during the stated camping trip (using the back of the form, as necessary).

Camp Medication Guidelines:

All prescription drugs **MUST** be in the original container, labeled with the Scout's name, dosage, frequency, doctor's name, and prescription number. Medications will only be dispensed according to the dosing instructions noted on the original container. Any medication not meeting these requirements will not be allowed in camp.

Important Instructions:

Enclose this form, along with your medication and clear dosing instructions, inside a waterproof zip lock bag. Clearly write your scout's name on the outside of the zip lock bag using a permanent ink marker. All prescription medication should be handed to the designated "medicine man" before leaving the parking lot at the start of the camp out. All prescription medicines will be kept by the "medicine man" in the troop medicine box during the camp out.



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