



Troop 753
Camp Medication Form



Campout & Date: _____

Scout Name: _____

Parent/Guardian: _____

Emergency Phone: _____

Doctor: _____

Doctor's Phone: _____

Medications to be given:

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 zip lock bag and turn it into the designated "Medicine Man".



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