

**BOY SCOUT MEDICATION TRACKER**

Scouts Name: \_\_\_\_\_

Scout's Name

I give permission for a Troop representative to give the following medicines to my son at camp.\*

Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

**1. Medication Name:** \_\_\_\_\_

Condition to be Given for: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

As Needed: \_\_\_\_\_

Required Daily: \_\_\_\_\_

Expected Action if Medicine is not Taken as Directed: \_\_\_\_\_

List of drugs Scout is NOT to take with this medication: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Strength: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Quantity Sent to Camp: \_\_\_\_\_

Color, Form, & Shape: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**2. Medication Name:** \_\_\_\_\_

Condition to be Given for: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

As Needed: \_\_\_\_\_

Required Daily: \_\_\_\_\_

Expected Action if Medicine is not Taken as Directed: \_\_\_\_\_

List of drugs Scout is NOT to take with this medication: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Strength: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Quantity Sent to Camp: \_\_\_\_\_

Color, Form, & Shape: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**3. Medication Name:** \_\_\_\_\_

Condition to be Given for: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

As Needed: \_\_\_\_\_

Required Daily: \_\_\_\_\_

Expected Action if Medicine is not Taken as Directed: \_\_\_\_\_

List of drugs Scout is NOT to take with this medication: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Strength: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Quantity Sent to Camp: \_\_\_\_\_

Color, Form, & Shape: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Page \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_

\* If no permission is granted, all medicines must be given by parent or you will receive a call from our staff.

Scouts Name

**BOY SCOUT MEDICATION TRACKER**

Scouts Name: \_\_\_\_\_

If a Scout or Scouter is using more than three medications, then please use additional forms.

**Waiver:** This information is confidential and is provided to Health Staff or designee for the express purpose of helping to ensure a healthy safe camping experience for my child.

This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.

Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Administration of OVER THE COUNTER "OTC" Medication to Campers

RE: Administration of Medication(s) to your child

Over the counter medications [known as "OTC"] could be administered to your child by our Camp Health Staff when requested, for these conditions:

Colds: Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime

Sprains: Tylenol or Ibuprofen (Motrin, Advil, Aleve)

Constipation: Milk of Magnesia, Glycerin suppository

Swimmer's Ear: Cortisporin Otic Drops

Diarrhea: Pepto Bismol or Imodium AD

Allergies: Benadryl

Wounds: Bacitracin ointment, Betadine

or other medications so recommended by our Camp Health Staff

Participants will NOT be charged for medications provided by the Health Staff.

The Health Staff reserve the right to make medical decisions regarding the participation of individuals at camp.

It is a condition of your child's attending camp that you grant permission to the Health Staff, to treat your child for emergent or necessary health concerns. This may include providing these OTC medications listed above to your child should they develop any of the above conditions or other medications as deemed necessary by the Camp Health Staff.

Please sign below.

\_\_\_\_\_

Signature of Parent or Guardian

If your child is allergic to any of the above listed OTC drugs or had other allergies, please state below.

My son is allergic to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_