

CAMPER MEDICATION FORM

Lost Lake Scout Reservation, Great Lakes Council, BSA

Camper Name: _____ Troop: _____

Camp Dates: Arrival _____ Departure _____

I. MEDICATION REQUIRED

(One form to be filled out by Parent/Guardian for each medication.)

Name of Medication: _____

Reason for Medication: _____

Possible Common Reaction(s) to Medication: _____

Dosage: _____ Time of Administration: _____

Comments Regarding Medication: _____

II. PRESCRIBING PHYSICIAN

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

III. PARENT/GUARDIAN PERMISSION

List any adult(s) who will be at camp and are authorized by you to administer medication to the above named camper. If you do not list anyone below, the medication will be administered by the camp's Health Officer.

The following adult(s) are authorized to administer medication to the above named camper:

Name: _____

Name: _____

I understand that in addition to the individual(s) named above, the camp's Health Officer is authorized to administer medication. If no one is listed above, the camp's Health Officer will administer medication. I understand that the medication at camp will be administered exactly as per the directions prescribed by the above physician.

Parent or Legal Guardian's Signature: _____

Date: _____ Phone: Day _____ Night _____

Cell _____

All medications will be kept away from campers in a secure locked container. The only exceptions that will be considered are inhalers and epipens. A record of all administered medications will be become part of the camp's records.