

In Camp Medication Form

(Please bring 2 copies to camp, one for Camp Medical Officer)

Unit # _____ Camp Dates: _____

Campsite: _____

Person Responsible for Medication: _____

This form identifies each Scout requiring medication. Medication requiring refrigeration should be stored in the Medical Lodge. Unit Leader(s) are responsible for ensuring Scouts receive the appropriate medication.

| SCOUT NAME | MEDICATION | FREQUENCY | NOTES |
|------------|------------|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I understand the procedure of administering the medication listed and agree to keep it under my control at all times.

Signature: _____ Date: _____