

## 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: \_\_\_\_\_