

2025 Troop 788 SUMMER CAMP Medication Distribution Form

Instructions to Parents/Guardians:

1. Each Scout that brings medications (over the counter or prescription) to summer camp will be required to fill out this form. If medication requires refrigeration it must be listed on a separate form and turned in with the medication to the Health Lodge during check in.
2. Please list each medication separately. If a scout is bringing more than four medications, please use an additional form.
3. All medications must be in the original pharmacy container with the patient's name and dosage clearly marked including any "over the counter" medications.

Instructions to Medicine Man:

All medications are to be kept at the campsite in a locked container. The Health Lodge will need to receive well-documented information on any medication that requires refrigeration.

Scout Name

Week 3 - UnitT788B

Medication Name: _____

Strength and Method of Administration: _____

Dosage: _____

Medication Name: _____

Strength and Method of Administration: _____

Dosage: _____

Medication Name: _____

Strength and Method of Administration: _____

Dosage: _____

Medication Name: _____

Strength and Method of Administration: _____

Dosage: _____

I verify that the above medication information is accurate and give permission for a designated representative to distribute the medication to my child. I do understand that BSA policy states, "The taking of prescription medication is the responsibility of the individual taking that medication and/or that individual's parent or guardian," and that Troop 788 and its representatives accept no legal responsibility and provide this assistance as a courtesy to the scout and parent/guardian.

Signature of Parent/Guardian

Date