

MEDICATION FORM

If a Scout requires medication (prescription or over-the-counter) during the outing, a Medication Form must be filled out and provided to the Medical Coordinator for the Outing prior to departure for the outing. Any unused medication will be returned to the parent at the end of the outing.

BSA TROOP 677 MEDICATION FORM

| | | |
|--|-------------------|-------------------------|
| NAME: _____ | | DATE: _____ |
| OUTING: | _____ | |
| DATES: | FROM _____ | TO _____ |
| <p>Use a separate form for each medication. Please complete the entire form, place inside a baggie and give to the medication coordinator for the outing. All information is considered confidential and will be available only to the adult leader in charge of medications for the outing. Any unused medication will be returned at the end of the outing.</p> | | |
| MEDICATION: | _____ | |
| DOSAGE: | _____ | |
| FREQUENCY: | _____ | |
| QUANTITY PROVIDED: | _____ | |
| Reason for medication: _____ | | |
| Possible Side Effects: _____ | | |
| <p>I give permission for appropriate adults among the leadership of BSA Troop 677 to dispense the medication as indicated on this form for the purpose of treating the conditions specified.</p> | | |
| PARENT'S SIGNATURE: _____ | | Print Name _____ |
| CONTACT PHONE: | HOME: | _____ |
| | WORK: | _____ |
| | CELL: | _____ |