

MEDICATION ADMINISTRATION FORM

Boy Scout Troop 188

Troop 188 feels that parents/guardians have the primary responsibility for the administration of medication to their children. Therefore, Troop 188 feels that the administration of medication to Scouts during campouts is discouraged—UNLESS NECESSARY FOR THE CRITICAL HEALTH AND WELL—BEING OF THE SCOUT.

Medication, both prescribed and non-prescribed, is to be handed to the Scoutmaster, Assistant Scoutmaster or designated adult acting as Troop Medic for the outing, prior to camp departure in its original container or one labeled by the pharmacy or physical, to be locked in the Troops medical box.

Medication should be placed in a zip loc bag and sealed. Included in the bag should be an index card or similar sized sheet of paper with the following information:

- Scout Name
- Drug Name AND Dosage
- Time it should be taken (if not prescribed, label “when needed”)

Scouts Name: _____ **Birthdate:** _____ **Date:** _____

PRESCRIBED Medication

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

NON- Prescribed Medication (OTC/Over The Counter)

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

Parental Authorization

Troop Representative Administration

I, _____ authorize Troop 188’s Scoutmaster, Assistant Scoutmaster or designated Troop Medic to administer medication(s) stated above according to the Medication Administration Policy and Procedures of Troop 188 to:

Scout Name: _____

Parent SIGNATURE: _____, Date: _____

SELF—Administering Authorization

I, _____ authorize Troop 188’s Scoutmaster, Assistant Scoutmaster or designated Troop Medic to allow my son, _____ to self-administer his prescribed and/or non-prescribed medications when deemed necessary and in accordance with the above provided dosages.

Parent SIGNATURE: _____, Date: _____