

TROOP 876 MEDICATION FORM

Scout's Name: _____ Date _____

Parent/Guardian Phone: Day _____ Evening _____

Medication Name: _____

Symptoms/Diagnosis: _____

Dosage: _____

Time of Dosage: AM (breakfast) LT (lunch) DT (dinner) BT (bedtime)

If asthmatic, does Scout carry inhaler: Yes No

Other Instructions: _____

This form is to be turned in to a Health & Safety Committee member prior to departure on every campout. Please check the Medication Instructions to ensure proper procedure.

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