

Custaloga Town Prescription Medication Information Form

District: _____ Unit: _____ Camp Session #: _____

Leader: _____ Date: _____

All medications must be in original container (pharmacy or manufacturer) and clearly state the campers name, the drug, and the dosage. This includes “over the counter” (OTC) medications. Please complete one form for each medication.

Please Print

Camper's Name: _____

Parent or Guardian (Please Print): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name _____ Doctor's Phone: _____

Allergies: _____

Medication Name: _____

Strength and Method of Administration: _____

Dosage: _____ Storage Instructions: _____

Total Quantity Needed: _____ Quantity sent to camp: _____

Schedule: _____

Reason for Medication: _____

List other important information about this medication, as access to medical information and/or facilities may be delayed if camper is in wilderness setting: _____

Side effects to be observed (if any): _____

****Injections of any kind may not be administered by the camp staff.****

Certain medications should be kept with the Scout/Scouter due to the immediate need. i.e.–EPI-Pens, Inhalers, Cardiac medications, etc. Do not turn these medications into the Health Lodge.

Waiver: This information is confidential and is provided to the Health Officer and/or their designee for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of my child's medical record.

Signature (Parent or Guardian): _____ Date: _____