In Camp Medication Form

(Please bring 2 copies to camp, one for Camp Medical Officer)

Unit # _____ Camp Dates: _____

Campsite: _____

Person Responsible for Medication:

_____

This form identifies each Scout in the Pack requiring medication.
Medication requiring refrigeration should be stored in the Medical Lodge.
Unit Leader(s) are responsible for ensuring Scouts in the Pack receive the appropriate medication.

SCOUT NAME	MEDICATION	FREQUENCY	NOTES

I understand the procedure of administering the medication listed and agree to keep it under my control at all times.

Signature: _____ Date: _____