PRESCRIPTION MEDICATION RECORD

Troop____________ Campsite__________________

Scouts Name_________________________ Parent's Name_________________________

Address________________________________ Phone__________________________

Name of Drug____________________________ Dosage__________________________

Medication_______________________________ Strength__________________________

Reason for medication____

When was the medication started?________________ Temporary______Permanent______

Side effects: (please circle all that apply) reactions to food, dehydration, stress, iodine, other medications, decreased balance, decreased appetite, motor skills, concentration, drowsiness, lethargy, etc.):

Special storage instructions ______________________Quantity In_____ Quantity Out_____

Health Officer Signature___________________ Leader Signature___________________

Troop____________ Campsite__________________

Scouts Name_________________________ Parent's Name_________________________

Address________________________________ Phone__________________________

Name of Drug____________________________ Dosage__________________________

Medication_______________________________ Strength__________________________

Reason for medication____

When was the medication started?________________ Temporary______Permanent______

Side effects: (please circle all that apply) reactions to food, dehydration, stress, iodine, other medications, decreased balance, decreased appetite, motor skills, concentration, drowsiness, lethargy, etc.):

Special storage instructions ______________________Quantity In_____ Quantity Out_____

Health Officer Signature___________________ Leader Signature___________________

I agree to be available for direct communication from the person dispensing or administering the medication. Specific conditions under which I should be contacted regarding the condition or reactions of the scout receiving the medications are:____

Phone ________________________________Physician Signature__________________________

Make copies as needed.