



**Medication Card Form**

Scout's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 Troop Number: \_\_\_\_\_ Campsite: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Number: \_\_\_\_\_  
 Drug Allergies/Side Effects: \_\_\_\_\_

I agree to available for direct communication from the person dispensing or administering the medication(s) listed in the drug administration card below. Specific conditions under which I should be contacted regarding the condition or reactions of the Scout receiving the medication(s) are: _____ _____ Physician's Signature: _____ Date: _____	This card must be completed by the physician and parent. The card must be brought to camp with any medications. No medicine container will be accepted at camp unless it is in the container dispensed by the pharmacist and the name of the patient, the name of the personal physician, the prescription number, the date dispensed, the name of the medicine and directions for use are on the label. <i>Health Office Use:</i> Reviewed by: _____ Date: _____
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**Medication # 1** \_\_\_\_\_ Dosage: \_\_\_\_\_

Times (Circle): PRN Daily BID TID QID ACP CHS

Mark the date, time, and whomever is administering medication needs to initial box.

Sunday <small>Date, Time, Initial</small>	Monday <small>Date, Time, Initial</small>	Tuesday <small>Date, Time, Initial</small>	Wednesday <small>Date, Time, Initial</small>	Thursday <small>Date, Time, Initial</small>	Friday <small>Date, Time, Initial</small>	Saturday <small>Date, Time, Initial</small>

**Medication # 2** \_\_\_\_\_ Dosage: \_\_\_\_\_

Times (Circle): PRN Daily BID TID QID ACP CHS

Mark the date, time, and whomever is administering medication needs to initial box.

Sunday <small>Date, Time, Initial</small>	Monday <small>Date, Time, Initial</small>	Tuesday <small>Date, Time, Initial</small>	Wednesday <small>Date, Time, Initial</small>	Thursday <small>Date, Time, Initial</small>	Friday <small>Date, Time, Initial</small>	Saturday <small>Date, Time, Initial</small>

**Medication # 3** \_\_\_\_\_ Dosage: \_\_\_\_\_

Times (Circle): PRN Daily BID TID QID ACP CHS

Mark the date, time, and whomever is administering medication needs to initial box.

Sunday <small>Date, Time, Initial</small>	Monday <small>Date, Time, Initial</small>	Tuesday <small>Date, Time, Initial</small>	Wednesday <small>Date, Time, Initial</small>	Thursday <small>Date, Time, Initial</small>	Friday <small>Date, Time, Initial</small>	Saturday <small>Date, Time, Initial</small>

Name of Administrator: \_\_\_\_\_ Signature & Initial: \_\_\_\_\_ / \_\_\_\_\_