

PARENT MEDICATION
Control Permission Form

CAMPER _____ UNIT # _____

CAMP _____ CAMP DATE _____ FIRST DAY _____ LAST DAY _____

1. MEDICATION REQUIRED:

Name of Medication _____

Reason for Medication _____

Possible common reaction to medication _____

Dosage _____

Time of Administration _____

Comments regarding medication _____

This form has been designed to meet both the requirements of the State of Michigan as well as the Boy Scouts of America. It should offer benefits to the Scout in assuring the proper medication at the proper time, and benefit the leader in knowing exactly what the parents is requesting the leader to do, and provide a record that the request was carried out.

NOTE: All prescribed medication must be kept in the original container bearing the physician's name, direction for use, the patient's name.

II. PRESCRIBING PHYSICIAN:

NAME _____ PHONE # _____

ADDRESS _____ CITY _____ ZIP _____

III. PARENT PERMISSION

Authorized to administer medication:

NAME _____ NAME _____

Indicate 'NONE' in any space above left blank.

I hereby request that my child be administered his prescribed medication at camp by the approved Camp Health Officer or the troop leaders listed above. I understand that the medication at camp will be administered exactly as per the directions as prescribed by the above physician.

Signed _____
Parent or Legal Guardian

Address _____

City _____ Zip _____

Phone _____ Date _____

III. Record of administrated medication

A. If given by Camp Health Officer, it will be posted in the medical log.

B. If given by unit leaders, record must be kept on reverse side.

IV All medication must be kept in a locked area. This could be a locked box in the leader's tent such as a tackle box in the glove compartment of the leader's car, etc.

This record must be turned into the Camp Health Lodge to become part of the camps records at the close of camp.

