

# Consent to Administer Medications at Camp Troop 997

**Scout's Name** (last, first) \_\_\_\_\_

**THIS FORM MUST BE RECEIVED NO LATER THAN DEPARTURE FOR CAMP, NO EXCEPTIONS.**

Medication (Please Print)	<i>Dosage</i>			
	Breakfast (~8:00am)	Lunch (noon)	Dinner (5:00pm)	Bed Time (10:00pm)

Prescription medication shall be administered only after receipt of written authorization from the boy's parent, guardian, or the directing physician. All medication **MUST** be stored in their original container. All medications are to arrive at camp and be provided immediately to the Troop 997 Medication Coordinator by the parent or guardian in a Ziploc Bag that bears the scout's name. Provide only the quantity necessary to be taken at camp. All medications will be stored away from scouts. The only exceptions are inhalers and epi-pens.

As a parent/legal guardian of the above named scout who will be attending Summer Camp, I have read and understand the above medication policy and hereby authorize the Adult Leader Staff of Troop 997 to administer the prescription medications indicated above to my son during camp.

Signature of Parents or Guardian \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Emergency Contact**

**Phone (home, work, cell, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_