PARENT MEDICATION Control Permission Form

CAMPER		UN	IIT
#	CAMP DATE	FIDOT DAY	LACT DAY
CAMP	CAMP DATE	FIRST DAY	LAST DAY
1. MEDICATION RE	EQUIRED:		
Name of			
Medication Reason for Medicati	ion		
Troubon for ividations			
Possible common re	eaction to medication		
Dosage		 '	
Time of Administrati			
Comments regardin			
the Boy Scouts of A medication at the pr requesting the leader	designed to meet both the remerica. It should offer benefit oper time, and benefit the leaser to do, and provide a recorded medication must be kept in	ts to the Scout in assuring the ader in knowing exactly what that the request was carried	e proper the parents is dout.
	use, the patient's name.	G	
II. PRESCRIBING P		DUONE "	
NAME		PHONE #	
ADDRESS		CITY	ZIP
III. PARENT PERMI Authorized to administer NAME Indicate 'NONE" in any s	medication: space above left blank.	or	
approved Camp Heamedication at camp above physician.	at my child be administered he alth Officer or the troop leade will be administered exactly	ers listed above. I understand	that the
Signed Parent or Legal Guardia	<u> </u>		
Address			
City			
Phone	บลเย		

- 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.

RECORD OF MEDICATION

FOR USE OF UNIT LEADER AUTHORIZED TO ADMINISTER MEDICATION AS PRESCRIBED ON REVERSE SIDE.

DATE TIME SIGNATURE OF PERSON ADMINISTERING

DATE	TIME	SIGNATURE OF PERSON ADMINISTERING

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