

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 _____ or _____

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 _____

