



Medication Form For Troop Activies

Scout: _____ Patrol: _____

Medication : _____

Dosage: _____

When to Take: _____

(Please be specific: Before Breakfast, Morning, Lunch, After Dinner, Before Bed)

Need to Give Friday Night:

Yes No

Comments: _____

Medication : _____

Dosage: _____

When to Take: _____

(Please be specific: Before Breakfast, Morning, Lunch, After Dinner, Before Bed)

Need to Give Friday Night:

Yes No

Comments: _____

Medication : _____

Dosage: _____

When to Take: _____

(Please be specific: Before Breakfast, Morning, Lunch, After Dinner, Before Bed)

Need to Give Friday Night:

Yes No

Comments: _____

Medication : _____

Dosage: _____

When to Take: _____

(Please be specific: Before Breakfast, Morning, Lunch, After Dinner, Before Bed)

Need to Give Friday Night:

Yes No

Comments: _____

Please complete this form and place it in a plastic bag with the medications. Be specific on the when to give the medication. Example: Before Breakfast, Morning, Lunch, After Dinner, Before Bed or As Needed every 8 hrs. Indicate if evening medications have already been giving before leaving for camp Friday. Inhalers and Epi Pen carried by the scout must be listed on this form with a comment indicated that the scout is carrying it.