

PRESCRIPTION & NON PRESCRIPTION DRUGS (One form required for each medication)

BSA POLICY: The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A Scout leader, after obtaining all necessary information, can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time, but BSA policy does not mandate nor necessarily encourage a Scout leader to assume this responsibility.

Youth Name _____ Crew or Troop # _____

Name of Medication _____

Prescription Number _____ Doctor's Name _____

Reason for taking Medication _____

Day	Date	Dosage	Time A.M.	To Administer P.M.	Administered By	Actual Time
Sun	8/ 9 /2015					
Mon	8/ 10 /2015					
Tues	8/ 11 /2015					
Wed	8/ 12 /2015					
Thurs	8/ 13 /2015					
Fri	8/ 14 /2015					
Sat	8/ 15 /2015					

During NYLT, the First Aid Officer will administer this medication at the First Aid Lodge. Prescription medication must be in a container that includes the Rx number, date and patient name. Opened containers must be inventoried and each pill must have the same identity logo. Non-prescription medication will be administered and must be provided in a sealed unopened container with the Scout's name on the container.

As parent or legal guardian of Scout _____ I authorize and consent to have the above-mentioned medication administered as prescribed. I, also agree to waive all claims against leaders, officers, agents and representatives of the Garden State Council and the Boy Scouts of America for any adverse effects as the result of taking this medication.

Signed _____ Date _____
(Parent or guardian)

Parent or Guardian's printed Name _____

Phone numbers: Home _____ Work _____ Cell _____

Name of Emergency Contact _____

Phone numbers: Home _____ Work _____ Cell _____

(MAKE ADDITIONAL COPIES AS NECESSARY. ONLY VALID FOR ONE MEDICATION)