

Troop 902 Medication Log

This form is to be used for scouts who will be receiving medication(s) while participating in Troop 902 scouting events. This form is to be filled out and signed by the Scout's parent/guardian. The boxes below will be completed and initialed by the person dispensing the medication(s).

Name: _____ Event: _____

Drug Allergies: _____ Date: _____

Emergency Contacts:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Medication: _____							
Dosage: _____							
# of Times Per Day: _____							
Dosage Instructions _____							
Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

Medication: _____							
Dosage: _____							
# of Times Per Day: _____							
Dosage Instructions: _____							
Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

I verify that the above medication information is accurate and give permission for a designated representative of Troop 902 to distribute the medication to my child. I do understand that BSA policy states "The taking of prescription medication is the responsibility of the individual taking the medication and/or that's individuals parent or guardian" and that Troop 902 and its representatives accept no legal responsibility and are providing this assistance as a courtesy to the scout and his parent/guardian.

Date: _____ Signature of Scout: _____

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Troop 902 Representative: _____