

Medication Card

Scouts Name: _____ Troop #: _____ Campsite: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Physician's Order

Medication: _____ Dosage & Time: _____

Special Instructions: _____

Possible Side Effects: _____

Purpose of Medication: _____

Physician's Signature: _____

Parental Release

I request that the medication listed above be given as prescribed, and give permission for the camp health officer and physician to exchange information regarding medication and diagnosis for which it is prescribed. I release camp and its personnel from any liability in relation to the administration of this medication at camp. I understand I must provide the medication in its original and properly labeled bottle.

Parent/Guardian Signature: _____ Date: _____

Phone #: _____