

Troop 695 Prescription Medication

Permission and Administration Form

Camp Dates: July 10th to July 16th, 2011

Scout Name: _____

Medication and Dosage: _____

Reason for Medication: _____

Please check line as to when PRESCRIPTION MEDICATION should be given:

_____ Prescribed Times Only

	Breakfast	Lunch	Dinner	Bedtime
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

_____ As Needed (Please specify under what circumstances Medication should be given.)

Parent/Guardian Name: _____

Signature: _____