

Medications

Scout Name _____ Date of Birth _____

List all medications need for this camping experience. Inhaler and EpiPen information must be included.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
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Administration of the above medications are approved by: _____
Parent/Guardian Signature Emergency Phone Number Date

Keep this form with medications and reuse as long as it is accurate.

Be sure to bring medications in sufficient quantities for JUST THE EVENT and using the original containers. Make sure that they are NOT expired. Include inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Rev A - 2/19/15

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