

Orders for Medication

No medication may be given at Boy Scout outing without written authorization and instruction from the Scout's parent/guardian. If your child requires any medication, please fill out **one form for each medication (this includes both prescription and over-the-counter medications)**.

Scout's Name _____ Troop # 42 Age _____

Address _____ ; _____ , OH _____

Parents home phone: _____ Work phone: _____

Parent's cell phone: _____

Name of Medication _____

Dosage _____ Frequency: _____

Time(s) of Administration: (Circle) Breakfast Lunch Dinner Bedtime Other _____

Must take with food? Yes No

Possible Side Effects _____

Special Instructions _____

Parents Signature _____ date: _____

Note to parents: On Part B of the BSA Health and Medical Form, there is a box you may check giving permission for the adult leaders (and/or camp staff) to administer appropriate over-the-counter-medication to your Scout. If you do not check this box, adult leaders may not administer appropriate over-the-counter-medication unless you sign an Orders for Medication form and supply the appropriate over-the-counter-medication.