



This form is required for ALL Youth attending camp and Adults who bring medication(s) to camp.

# DRUG ADMINISTRATION RECORD

*Cradle of Liberty Council • Boy Scouts of America*

Dates of Camp \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Scout(er) Last Name		Scout(er) First Name		Unit
Date of Birth	Height	Weight	<b>ALLERGIES</b>	
Name Emergency Contact		Emergency Phone Number(s) During Camp		1.  2.

## SECTION 1 - MEDICATIONS SUPPLIED BY CAMP

This section, completed by parent or guardian, gives consent to the Health Lodge to supply a scout with an over the counter medication (OTC). OTC's will NOT be administered without the consent of the parent or guardian.

**Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)**

<b>Robitussin (plain)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sudafed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ibuprofen (Motrin, Advil)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Tylenol</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Milk of Magnesia</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Tums Tablets</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Benadryl</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hydrocortisone Cream 1%</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Polysporin Ointment</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

I give permission for the above Scout to receive the noted over the counter medications as needed.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 - MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over the counter) – 1 medication per box
- ALL medications must be in original container, labelled with name, drug and dosage
- Place medications in zipper plastic bag labelled with name and unit number
- ALL medications (for Scouts & Scouters) must be turned into the health lodge except: **EPIPENS, RESCUE INHALERS, ANGINA MEDICATION.** Complete this section for all emergency medications and turn form in to Health Lodge.

Medication Name/Strength		<b>FOR HEALTH STAFF USE ONLY</b>							
		<b>Time</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		<b>FOR HEALTH STAFF USE ONLY</b>							
		<b>Time</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		<b>FOR HEALTH STAFF USE ONLY</b>							
		<b>Time</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

I give permission for the above Scout/Scouter to receive the noted medications from home as directed.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signature/Initials Health Officer	Date
Signature/Initials Health Officer	Date