

Troop 407 Medication Form

Scout/Adult Name: _____

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Medication Name/Purpose								
Strength								
Day, Date & Time Due								
Dosage/Number of Tablets								
Actual Date, Time & Initials								
Day, Date & Time Due								
Dosage/Number of Tablets								
Actual Date, Time & Initials								
Day, Date & Time Due								
Dosage/Number of Tablets								
Actual Date, Time & Initials								
Day, Date & Time Due								
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Actual Date, Time & Initials								
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Dosage/Number of Tablets								
Actual Date, Time & Initials								
Day, Date & Time Due								
Dosage/Number of Tablets								
Actual Date, Time & Initials								

The above medication form is complete to the best of my knowledge. All medication must be in their ORIGINAL Container. I understand that the scout or adult named above is responsible for administering his/her own medications and that the Medication Coordinator is only responsible for handing the bag to the scout or adult and collecting it from the scout or adult after he/she has taken the medication. Boy Scout Troop 407 and the Medication Coordinator will NOT be held liable for any errors or misunderstandings.

Created 1-11-2009

Parent Signature: _____ Date: _____ Phone Numbers: _____