

# Camper Medication Check-In Form

Scout: \_\_\_\_\_ Troop: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list below any prescription or OTC medications that are taken at regular intervals:

Medication	Breakfast	Lunch	Dinner	Other Time	Reason for Medication

Please list any OTC "as needed" medications and/or special instructions: