

**Troop 73,
Good Shepard Lutheran Church,
Marin Council, BSA**

MEDICATION INFORMATION FORM

Individual Form

Please use one form per medication. Thank you.

NOTICE

ONE FORM REQUIRED FOR EACH MEDICATION!

Who should use this form?
ANY youth or adult who is bringing any kind of medication to a camp

What do I do with the reservation form?
Give it, with your medication, *to the camp health officer*

Campsite or
physical location: _____

Camper's Name _____ Patrol / Campsite _____

Name of Parent/Guardian _____

Phones: Home (_____) _____

EMERGENCY CONTACT: _____

EMERGENCY TELEPHONE NUMBER(_____) _____

Doctor's Name _____ Office Phone (_____) _____

Medication and Strength _____

Dosage _____ Storage Instructions _____

Total Quantity Needed _____ Quantity Sent to Camp _____

When was Medication Started? _____ Temporary _____ Permanent _____

Medication to end: _____

Reason for medicaton: _____

Side Effects: (reactions to food, dehydration, stress, iodine, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed 6-10 hours due to wilderness setting: _____

Expected action if medicine is not taken as directed _____

Waiver: This information is confidential and is provided to the Troop/Camp Health Officer or their direct appointee for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with troop and or medical personnel should the necessity arise. It will be returned to me upon my written request.

Signature of Parent/Guardian _____

Date _____