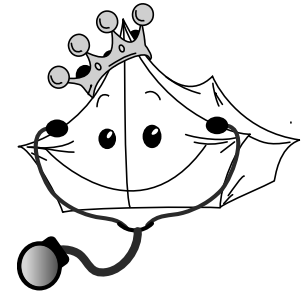


Please fill out the table below if your child will be taking medication while at camp. Once you have completed the front of this form, you can give it to your Unit leader to bring to camp. The back portion is for our use. **State law requires you to send the medication to camp in the original container.**



Scout Medication Form

 Scout's Name

 Period

 Unit #

	Medication	Dosage	Time of Day	Special Notes
1.				
2.				
3.				
4.				
5.				
6.				

