

# Prescription Medical Form

Broad Creek Memorial Scout Reservation

Camper Prescription Medication Form

Camper's Name: \_\_\_\_\_

Unit Number and Campsite: \_\_\_\_\_

Dates of Attendance: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Medication Name(s): \_\_\_\_\_

Medication Storage Requirements: \_\_\_\_\_

Medication Side Effects (if any): \_\_\_\_\_

Medication Dosage and Schedule: \_\_\_\_\_

In the area below, please note the date, time, and dosage of each medication administered:

Name of Medication Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_