



TROOP 222

Huntersville, North Carolina



Camper Medication(s) Form

- Please complete this form for any/all medications to be given while your child is at camp.
- **All medications (including vitamins should be on this list) and prescriptions in their original containers.**
- We will have a Troop First Aid Kits, which will include basic medicines.
- Please approve or decline administration of Children's Tylenol/Advil at the bottom.

Scout Information

Scout Name		Date of Birth (MM/DD/YYYY)
Age (As of June 1, 2021)	Weight	Emergency Contact NAME & PRIMARY Contact PHONE

Drug/Food Allergies (other than seasonal)

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Medications Taking

Medication Name	Dose	Time(s) Given	Frequency	Instructions

*My Child is (circle one) **AUTHORIZED** / **NOT APPROVED** to have Tylenol given as needed.

*My Child is (circle one) **AUTHORIZED** / **NOT APPROVED** to have Advil given with food as needed.

Parent / Guardian Authorization

Parent/Guardin Name (Printed)	Secondary Contact Phone Number
Parent/Guardin Name (Signature)	Date