

TROOP 601 MEDICATION LOG

This form is to be used for scouts who will be receiving medication(s) while participating in Troop 601 scouting events. This form is to be filled out and signed by the Scout's parent/guardian. The boxes below will be completed and initialed by the person dispensing the medication(s).

Name: _____

Event: _____

Drug Allergies: _____

Date: _____

Emergency Contacts:

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

Medication: _____

Dosage: _____

of Times Per Day: _____

Dosage Instructions (Before/ After Meals
As Needed, Etc.) _____

Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

Medication: _____

Dosage: _____

of Times Per Day: _____

Dosage Instructions (Before/ After Meals
As Needed, Etc.) _____

Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

Medication: _____

Dosage: _____

of Times Per Day: _____

Dosage Instructions (Before/ After Meals
As Needed, Etc.) _____

Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

I Verify that the above medication information is accurate and give permission for a designated representative of troop 601 to distribute the medication to my child. I do understand that BSA policy states "The taking of prescription medication is the responsibility of the individual taking the medication and/or that's individuals parent or guardian" and that Troop 601 and its representatives accept no legal responsibility and are providing this assistance as a courtesy to the scout and his parent / guardian.

Date _____

Signature of Scout _____

Date _____

Signature of Parent/Guardian _____

Date _____

Signature of Troop 601 Representative _____