Scoutmaster Medication Administration Permission Form

Scout Name: _____

Medication Name: _____

Note: Medications must be labeled with Scout's name on container(S) with dosage instructions

Dosage Instructions:

_____

_____

Frequency: (circle)

Breakfast	Before meal	With meal	After meal	With meal
Lunch	Before meal	With meal	After meal	With meal
Dinner	Before meal	With meal	After meal	With meal
Night	Before Bedtime			

Frequency: (Other Explain)

_____

_____

Medication Amount presented before outing _____ Leader Initials _____

_____ Medication REQUIRES REFRIGERATION,

_____ Medication DOES NOT require refrigeration

_____ Medication is CRITICAL

What happens if Scout does not receive medication?

_____

_____

(Medications will be given as instructed to the best of our abilities, but there is no guarantee)

Approval of adults to administer medication:

_____ _____

Scoutmaster or Committee designee signature **Date**

I acknowledge that the scouts participation in Troop activities involves inherent risk including, among others, minor or major physical injury and potential exposure to disease-causing organisms. With my signature below, I assume all risk and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Boy Scout troop 150, its leaders, organizers, chartered organization, sponsors, participants, and persons transporting this Scout, for any cause, except to the extent covered by accident or liability insurance.

_____ _____

Parent Name (printed) Signature **Date**

Emergency Phone Numbers: _____