

Routine Drug Administration Permission Form

Scout Name: _____

Campsite & Date: _____

Please select one of the following:

_____ My Scout will self-administer medication during the campout.

_____ My Scout will need assistance with administering medication during the campout.

Drug administration assistance:

Adult Leader Name: _____

Instructions for Adult Leader (include additional paper if needed):

Drug administration approval must be obtained the Tuesday before the campout in order to attend the campout.

Parent/Guardian Signature: _____

Adult Leader Signature: _____

Scoutmaster Signature: _____