Medication Instructions for Monthly Camp-outs

Parents you will be filling out a new form for medications: **Routine Drug Administration Record**. This form can be handwritten or completed online and printed off.

We bsite: https://filestore.scouting.org/filestore/Health Safety/pdf/Routine Drug Administration Record Revised 2011.pdf

Please fill out one section for each medication to be administered on the Camp-out. This form should be completed for anyone who will be staying at camp.

If the form is not completed the scout will not be allowed on the camp-out and will not be refunded to money for the camp-out.

All medications should be in the **original container** with the **original label prepared by the pharmacy or physician** which provides all of the customary information such as the patient's name clearly marked, drug name, dosage and instructions. All non-prescription medication must be marked with the patient's name and any instructions.

WE ASK THAT THIS FORM BE COMPLETED BY THE PARENT OR GUARDIAN AND TURNED IN AT THE TROOP MEETING TWO WEEKS PRIOR TO THE CAMP-OUT.

All medications must be given to the Troop Leaders prior to leaving for the camp-out. RESCUE INHALER once listed and shown to the Troop Leaders may be carried by the scout at camp, in accordance with the prescription or instructions from the patient's physician.

Directions:

- 1 Scout Name
- 2 Monthly Camp-out
- 3 95
- 4 Date of birth (Scout)
- 5 Reactions that can affect the scout
- 6 Weight
- 7 Prescribing Physician's name
- 8 Name of Medication
- 9 Prescription Number
- 10 Dosage
- 11 Date Filled
- 12 How the medication is taken (use the key at the bottom of the page)
- 13 How many times per day the medication is taken (use the key at the bottom of the page) 14 Amount in bottle
- 15 Comments needed about the medication
- 16 Times for when the medication should be taken
- 17 Used by the Troop Leaders at the camp-out

A NEW ROUTINE DRUG ADMINISTRAION RECORD FORM MUST BE COMPLETED FOR EVERY CAMP-OUT