

Individual Medication Record Form

Name of Scout: _____ Unit # _____ Campsite # _____

Summer Camp Week #: 1 2 3 4 5 6

Instructions to Note:

- Each Scout that is taking prescription medications should have a separate form.
- The form should be completed by the adult giving the medication. In the unit campsite, this is the unit leader or the designated unit health officer.
- List each prescription medication the Scout is receiving separately.

Medication:	Dosage Instructions
Medication:	Dosage Instructions
Medication:	Dosage Instructions
Medication:	Dosage Instructions
Medication:	Dosage Instructions

****If a Scout is taking more than 5 prescription medications, please fill out a separate form.**