



# TROOP 58

Davidson, North Carolina

## Camp Medication Form



Please fill out the following form for any type of medication to be given while your child is at camp.

**All medication MUST be in its original container.**

### Scout Information

Scout Name		Male / Female
Date of Birth (MM/DD/YYYY)	Age (As of June 1)	Weight

### Drug Allergies

### Medications

Medication Name	Dosage	Times Given	Instructions

### Parent / Guardian Authorization

Parent / Guardian Name (Printed)	Phone Number
Parent / Guardian Signature	Date