This form is required for ALL Youth attending camp and Adults who bring medication(s) to camp.

DRUG ADMINISTRATION RECORD

Cradle of Liberty Council • Boy Scouts of America

Camp_____ Dates of Camp____/____/____ to ____/____/____

Scout(er) Last Name		Scout(er) First Name	Middle Initial
Unit Type	Unit Number	Date of Birth	Campsite
Age	Height	Weight	**ALLERGIES**
Name Emergency Contact		Emergency Phone Number(s) During Camp	1. 2.

SECTION 1 – MEDICATIONS SUPPLIED BY CAMP

This section, completed by parent or guardian, gives consent to the Camp Health Lodge to supply a scout with an over the counter medication(OTC). OTC's will NOT be administered without the consent of the parent or guardian.

Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)

Robitussin (plain)	❑ YES	❑ NO	**Sudafed**	❑ YES	❑ NO	**Ibuprofen** (Motrin, Advil)	❑ YES	❑ NO
Tylenol	❑ YES	❑ NO	**Milk of Magnesia**	❑ YES	❑ NO	**Tums Tablets**	❑ YES	❑ NO
Benadryl	❑ YES	❑ NO	**Hydrocortisone Cream 1%**	❑ YES	❑ NO	**Polysporin Ointment**	❑ YES	❑ NO

I give permission for the above Scout to receive the noted over the counter medications as needed.

Signature_____**Relationship**_____**Date**_____

SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over-the-counter) - one (1) medication per box; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with the Scout/Scouter's name, drug name, and dosage/directions.
- Place medications in a zipper-lock plastic bag labeled with the Scout/Scouter's name, unit number, and dates of camp stay.
- ALL medications (for Scouts & Scouters) must be turned into the Camp Health Lodge for storage except for: **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN**. Complete this section for all emergency medications as well and turn this form in to the Camp Health Lodge.

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

*In accordance with the BSA Camp Standards, all medications brought from home must be stored in the Camp Health Lodge (except for **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN**). However, the Camp, its Staff, and the Cradle of Liberty Council assume no responsibility for administering medications from home. The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A unit leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Any youth campers requiring injectable medications should be able to administer these medications themselves or have an adult leader/parent/guardian available that would be able to administer these medications for them.*

I give permission for the above Scout/Scouter to receive from storage and to take the above noted medications brought from home, as directed and as listed above.

Signature_____**Relationship**_____**Date**_____

Signature/Camp Health Officer **Date**

PLEASE BRING TWO COPIES OF THIS FORM TO CAMP FOR EACH PARTICIPANT. One copy for Unit Leader and one copy for the Camp Health Lodge. 04/16