

**BOY SCOUT TROOP 751
CAMPOUT MEDICATION SCHEDULE
DUE WITH PERMISSION SLIP**

Scout Name: _____

DATE OF CAMPOUT: _____

DAILY SCHEDULED MEDICATIONS				TIMES OF ADMINISTRATION				
Medication Name	Description (color/shape)	Purpose for use	Strength of medication	Morning	Noon	Afternoon (time)	Bedtime	Instructions from prescription

MEDICATIONS TO BE USED AS NEEDED ONLY						
Medication Name	Description (color/shape)	Purpose for use	Strength of medication provided	Dose (how much to be given)	Frequency (How often can be given)	Instructions for use:

Parent Signature _____

Pharmacy Phone Number: _____