

San Francisco Bay Area Council
Boy Scouts of America

MEDICATION INFORMATION FORM Individual Form

Please use one form per medication. Thank you.

Who should use this form?

*Any Scout or adult who is bringing
any kind of medication to a camp*

What do I do with this form?

*Give it, with your medication,
to the camp health officer.*

Camper's Name _____

Name of Parent/Guardian _____

Phones: Home (_____) _____ Work (_____) _____

Doctor's Name _____ Office Phone (_____) _____

Campsite, if applicable:

Medication and Strength _____

Dosage _____ Storage Instructions _____

Total Quantity Needed _____ Quantity Sent to Camp _____

When was Medication Started? _____ Temporary _____ Permanent _____

Reason for medication: _____

Side Effects: (reactions to food, dehydration, stress, iodine, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed 6-10 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

Waiver: This information is confidential and is provided to (Camp Health Officer) _____ for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise. It will be returned to me at the end of camp.

Signature of Parent/Guardian _____ Date _____