

CAMP PRESCRIPTION MEDICATION FORM

Wisconsin State Code requires that all medications brought to camp by campers shall be **in the original container clearly labeled** to include:

1) Client Name 2) Name of the prescribing physician 3) Prescription number 4) Date prescribed 5) Name of the medication 6) Directions for use.

All medication shall be stored in a locked cabinet or room along with the records of dispensation.

In addition, the physician shall provide the following written instructions, and the parent/legal guardian shall give written consent for camp staff to administer medications to campers under 18 years of age.

Name of Scout _____ Dates of Arrival & Departure _____

Troop # _____ Campsite _____

Physician's Name _____ Signature _____

1) Name of medication:

2) Dosage:

3) Method of administration:

4) Frequency:

5) Duration:

6) Instructions:

7) Adverse reactions:

8) Specify conditions when contact should be made with physician:

PARENT or LEGAL GUARDIAN CONSENT

The staff at Camp MaKaJaWan, BSA has my permission to administer the above medications to my child.

Name of Parent/Legal Guardian (Printed Clearly) _____

Signature _____ Date _____

Adult's DAYTIME Phone # _____ Email Address _____

- 1) Name of medication:
 - 2) Dosage:
 - 3) Method of administration:
 - 4) Frequency:
 - 5) Duration:
 - 6) Instructions:
 - 7) Adverse reactions:
 - 8) Specify conditions when contact should be made with physician:
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 - 2) Dosage:
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- 4) Frequency:
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- 7) Adverse reactions:
- 8) Specify conditions when contact should be made with physician: