

Deerfield Troop 50 Medication Card

Scout's Name: _____

Trip Location: _____ Trip Dates: _____

I understand that this card must be filled out and submitted with corresponding medication for - and prior to - each separate event where medication administration is requested. NO Medicine will be accepted unless it is in the container dispensed by the pharmacist and the name of the patient and the name of the personal physician, the prescription number, the date dispensed, the name of the medicine and directions for use are on the container. (Over-the-counter medications must have directions for personal use written separately and taped to the original box).

Medication (1): _____ Rx No: _____

Dosage: _____

Comments: _____

Day	A.M.	Aft.	P.M.	To be checked by person administering the medication
Fri.				
Sat.				
Sun.				

Medication (2): _____ Rx No: _____

Dosage: _____

Comments: _____

Day	A.M.	Aft.	P.M.	To be checked by person administering the medication
Fri.				
Sat.				
Sun.				

I authorize the person assigned to administer medications on this event to dispense the medications listed above in the dosage and times per the above instructions.

Signed: _____ (Parent / Guardian) Date: _____

Name of person administering the medication: _____ Initial: _____