

## Troop 852 Medication Policy

This form is to be used for scouts who will be receiving medication(s) while participating in Troop 852 scouting events. This form is to be filled out and signed by the Scout and the Scout's parent/guardian. The boxes below will be completed and initialed by the person dispensing the medication(s).

Name: \_\_\_\_\_ Event: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Medication	_____
Dosage	_____
# Times per Day	_____
Dosage Instructions	_____
Storage Requirements	_____

Time	Sun	Mon	Tues	Wed	Thu	Fri	Sa

I verify the above medication information is accurate and give permission for the designated representative of Troop 852 to distribute the medication to my child. *Participants must carry a rescue inhaler at all times during any Scouting event. Participants will be required to have appropriate anaphylactic treatment with them at all times.* I do understand that BSA policy states **“All medication is the responsibility of the individual taking the medication and/or that individual’s parent or guardian,”** and that Troop 852 and its representatives accept no legal responsibility and are providing this assistance as a courtesy to the Scout and his parent/guardian

Date: \_\_\_\_\_ Signature of Scout: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Troop 852 Representative: \_\_\_\_\_