## DCS - Camp Chief Little Turtle Medications Administration Record Prescription or Over-the-Counter Medications & Medical Assisted Devices

MEDICINE: All medications must be in their ORIGINAL container. Medications not provided in their ORIGINAL container WILL NOT be accepted. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival to camp. PLEASE ONLY bring the amount needed for your stay at CCLT. Those with epi-pens, inhalers, etc. should bring TWO, marked with the Scout's full name. An extra shall be kept in the Health Lodge as a precaution.

All medications will be kept in the Medication Lockbox at the unit's campsite and will be the responsibility of each unit's leader. Only those medications that require refrigeration or other temperature controlled storage will be kept in the Health Office.

## Please complete and return this form w/ your health form to your unit leader. Unit #: \_\_\_\_\_ Age: \_\_\_\_\_ Dietary or Medical Concerns: Parent Signature(if needed) \_\_\_\_\_\_ Date \_\_\_\_\_ Over-the-Counter Medication: I authorize the medical staff of Camp Chief Little Turtle to administer the following over-the-counter medications. Please circle your choices. Cough Drops Anti-itch cream Ibuprofen Anti-histamines Acetaminophen OTHER: NONE Pepto-Bismol tablets # in bottle Prescription Medication: Medication: Dose: Days to be given: \_\_\_\_ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled Saturday Sunday Monday Tuesday Wednesday Thursday Friday 8:00 am 12:30 pm 6:30 pm 9:00 pm Prescription Medication: Medication: \_\_ # in bottle \_\_\_ Dose: \_ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled Days to be given: Friday Saturday Wednesday Thursday Sunday Monday Tuesday 8:00 am 12:30 pm 6:30 pm 9:00 pm # in bottle Dose: Prescription Medication: Medication: Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled Days to be given: \_\_ Thursday Friday Saturday Sunday Monday Tuesday Wednesday 8:00 am 12:30 pm 6:30 pm 9:00 pm # in bottle \_\_\_\_\_ Dose: \_\_\_\_ Prescription Medication: Medication: Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled Days to be given: \_\_\_ Saturday Sunday Monday Tuesday Wednesday Thursday Friday 8:00 am 12:30 pm 6:30 pm 9:00 pm Prescription Medication: Medication: # in bottle Dose:

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