

Boy Scout Troop 719
Medication Permission Slip

My son _____ is on the following medications:

Medication Name	Keep with	Amount Given (Dose)	When Given

Indicate medications, injectors, inhalers that the boy should carry with him.

Please indicate the effects of a late or missed dose. If a dose is missed or late, what should be done?

Phone # where I can be reached during the trip: _____. I give my permission and request the designated adult "Medicine Man" to administer this medication to my son.

Signed _____, Parent/Guardian. Date _____

INSTRUCTIONS: Fill out this form and enclose with medications in original prescription containers in a sealed baggie. Give to the designated "Medicine Man" prior to the trip. Facilities to refrigerate medications are usually not available during trips.