

# Medical Card

Bay-Lakes Council	<b>MEDICATION CARD</b>	Boy Scouts of America
Unit number _____	Site _____	
Scout's Name _____		
Address _____	Phone # _____	
Name of drug & dose _____		
Date medication is to begin _____	Time of administration _____	AM / PM
Purpose of medication _____		
Possible side effects of medication _____		
<p>I agree to be available for direct communication from the person dispensing/administering the medication. Specific conditions under which I should be contacted regarding the condition or reactions of the Scout receiving the medication are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>This card must be completed by the parent or guardian. The card <b>must</b> be brought to camp with any medications. No medicine container will be accepted at camp unless it is in the original container with the name of the patient, physician, prescription number, the date dispensed, name of medicine, and directions for use on the label.</p> <p><b>HEALTH OFFICE USE:</b></p> <p>Date: _____ Reviewed by: _____</p> <p>_____</p> <p style="text-align: center;"><b>Parent Signature</b></p>	
Bay-Lakes Council	<b>MEDICATION CARD</b>	Boy Scouts of America
Unit number _____	Site _____	
Scout's Name _____		
Address _____	Phone # _____	
Name of drug & dose _____		
Date medication is to begin _____	Time of administration _____	AM / PM
Purpose of medication _____		
Possible side effects of medication _____		
<p>I agree to be available for direct communication from the person dispensing/administering the medication. Specific conditions under which I should be contacted regarding the condition or reactions of the Scout receiving the medication are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>This card must be completed by the parent or guardian. The card <b>must</b> be brought to camp with any medications. No medicine container will be accepted at camp unless it is in the original container with the name of the patient, physician, prescription number, the date dispensed, name of medicine, and directions for use on the label.</p> <p><b>HEALTH OFFICE USE:</b></p> <p>Date: _____ Reviewed by: _____</p> <p>_____</p> <p style="text-align: center;"><b>Parent Signature</b></p>	