



DRUG ADMINISTRATION RECORD

Cradle of Liberty Council • Boy Scouts of America

This form is required for all youth participants. Please bring two copies of completed form to camp.

Camp _____ Campsite _____ Dates of Camp ___/___/___ to ___/___/___

Scout Last Name		Scout First Name			Middle Initial
Unit Type	Unit Number	Date of Birth	Age	Weight	
ALLERGIES					
Emergency Contact		Emergency Phone Number(s) During Camp		1.	2.

SECTION 1 – MEDICATIONS SUPPLIED BY CAMP

This section, completed by parent or guardian, gives consent to the Camp Health Staff to supply a Scout with an over the counter medication(OTC). OTC's will NOT be administered without the consent of the parent or guardian.

Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)

Robitussin (plain) <input type="checkbox"/> YES <input type="checkbox"/> NO	Claritin (loratadine) <input type="checkbox"/> YES <input type="checkbox"/> NO	Ibuprofen (Motrin, Advil) <input type="checkbox"/> YES <input type="checkbox"/> NO
Tylenol <input type="checkbox"/> YES <input type="checkbox"/> NO	Milk of Magnesia <input type="checkbox"/> YES <input type="checkbox"/> NO	Tums Tablets <input type="checkbox"/> YES <input type="checkbox"/> NO
Benadryl <input type="checkbox"/> YES <input type="checkbox"/> NO	Hydrocortisone Cream 1% <input type="checkbox"/> YES <input type="checkbox"/> NO	Polysporin Ointment <input type="checkbox"/> YES <input type="checkbox"/> NO
Zanfel (poison ivy soap) <input type="checkbox"/> YES <input type="checkbox"/> NO	Calmoseptine (ointment) <input type="checkbox"/> YES <input type="checkbox"/> NO	

I give permission for the above Scout to receive the noted over the counter medications as needed.

Signature _____ **Relationship** _____ **Date** _____

SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over-the-counter) - one (1) medication per box; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with the Scout's name, drug name, and dosage/directions.
- Place medications in a zipper-lock plastic bag labeled with the Scout's name, unit number, and dates of camp stay.
- ALL medications in camp must be kept under locked storage and under adult supervision, except for EPINEPHRINE, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN. Emergency medications are to be recorded in this section.

As per BSA national policy, all medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time. Parents/guardians, adult leaders, and youth should discuss medication administration plans BEFORE coming to camp. Camp staff are not permitted to inject medications, except for epinephrine; parents/guardians must make alternate arrangements when youth require other injectable medications while at camp.

I give permission for the above Scout to receive the below noted medications brought from home.

Signature _____ **Relationship** _____ **Date** _____

Medication Name/ Strength	Dosage (how many & when)	Quantity sent to Camp	Side Effects/ Special Handling/Instructions	INITIAL AFTER ADMINISTRATION									
				Time	S	M	T	W	T	F	S		
Medication Name/ Strength	Dosage (how many & when)	Quantity sent to Camp	Side Effects/ Special Handling/Instructions	INITIAL AFTER ADMINISTRATION									
				Time	S	M	T	W	T	F	S		
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				Time	S	M	T	W	T	F	S		

Medication Administrator _____ **Position** _____ **Signature** _____ **Initials** _____