

CAMP MEDICATIONS

Short Form

Scout Name _____

AUTHORIZATION TO GIVE TYLENOL OR ADVIL	
I HEREBY AUTHORIZE TROOP 257 ADULT LEADERS TO GIVE THE PAIN RELIEVER MARKED BELOW AS NEEDED FOR MINOR BODY ACHES OR PAIN.	
<input type="checkbox"/>	TYLENOL - ACETAMINOPHEN
<input type="checkbox"/>	ADVIL - IBUPROFEN
Parent Signature _____	Date _____

ALLERGIES	
Please list any Allergy to a medicine, food, plant, animal or insect toxin.	
FOOD _____	
MEDICINE _____	
OTHER _____	

Parent Signature _____	Date _____

Long Form

MEDICATIONS

Provide below a list of all medications to be administered at summer camp.

MEDICATION	INSTRUCTIONS HOW OFTEN GIVEN - WHEN GIVEN - WITH, BEFORE, OR AFTER MEALS
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature _____ Date _____
Daytime Phone Number _____ Home _____

**PLEASE ATTACH A PHOTOGRAPH OF YOUR SON TO THIS FORM
DURING PRE-CAMP CHECK-IN, PLEASE BRING THE LISTED MEDICATIONS
IN A ZIPLOC BAG. NOTE: MEDICINE MUST BE IN ORIGINAL CONATINER
SHOWING DOSAGE AND FREQUENCY.**