SOUTH TEXAS COUNCIL

## **MEDICATION FORM**

## (One form per medication, copy as needed)

Unit #	District:	Council	ė
Camper's Na	nme		
Name of Par			
Guardian:			
Phone Numl	bers: (H	)	
Doctor's Nar	ne	Phone:	
Medication/	Strength:		
Reason for N	Medication		ė.
		times a day, As needed, etc.)	<del>f</del>
Expected 30	nedule. (i.e. 5	tilles à day, As lieeded, etc.,	
Side Effects drowsiness,	(reactions to fo lethargy, etc.	ted?Permanent ood, dehydration, stress, iodine, other meds, decrease balance, motor activity,	
due to geog	raphical area.	nation about this medication since access to medical information or facilities of	
Special Stora	age instruction	s:	
Expected ac	tion if medicin	e is not taken as directed	
Total quanti	ty needed		
Waiver: This	s information i	s confidential and is provided to	-
with medica	I personnel sh	f helping to ensure a healthy, safe camping experience for my child. This form ould the necessity arise. It will be returned to me at the end of the trip.  Date	may be shared