

Troop 787 Medication Log

Name: _____ Date: _____

Drug Allergies: _____

Emergency Contacts:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Medication: _____							
Dosage: _____							
# of Times Per Day: _____							
Dosage Instructions _____							
Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

Medication: _____							
Dosage: _____							
# of Times Per Day: _____							
Dosage Instructions: _____							
Time:	Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:

I verify that the above medication information is accurate and give permission for a designated representative of Troop 787 to distribute the medication to my child. I do understand that BSA policy states "The taking of prescription medication is the responsibility of the individual taking the medication and/or that's individuals parent or guardian" and that Troop 787 and its representatives accept no legal responsibility and are providing this assistance as a courtesy to the scout and his parent/guardian.

Date: _____ Signature of Scout: _____

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Troop 787 Representative: _____