

National Capital Area Council - Boy Scouts of America
MEDICATION INFORMATION FORM
Individual Form for Goshen Scout Reservation

All medications must be in the original pharmacy container with patient's name, drug and dosage clearly marked including any "over the counter" medications.

Who should use this form?
Any Scout or Scouter (adult) coming to camp.

What do I do with this form?
Turn it in, with your physical and any medication you are bringing, to the Health Lodge

Camper's Name _____
 Name of Parent/Guardian _____
 Phones: Home (____) _____ Work (____) _____ Cell Phone (____) _____
 Doctor's Name _____ Dr's Phone (____) _____
 Allergies: _____

1.

Medication Name _____
 Strength and Method of Administration _____
 Dosage _____ Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	S	M	T	W	T	F	S

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

2.

Medication Name _____
 Strength and Method of Administration _____
 Dosage _____ Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	S	M	T	W	T	F	S

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

3.

Medication Name _____
 Strength and Method of Administration _____
 Dosage _____ Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	S	M	T	W	T	F	S

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

Certain medications should be kept with the SCOUT/SCOUTER
 [EPI-PENS for bee or insect bites due to allergic reactions; INHALERS for acute asthma actions; or CARDIAC
 MEDICATIONS such as Nitroglycerin]
 Do NOT turned these medications to the health lodge

If a Scout or Scouter is using more than three medications, then please use additional forms

Waiver: This information is confidential and is provided to Health Officer or designee for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.

Signature of Parent/Guardian _____ Date _____

Administration of OVER THE COUNTER "OTC" Medication to Campers

RE: Administration of Medication(s) to your child

We are delighted your son will be camping at a National Capital Area Council Camp this summer! We would like to inform you of the National Capital Area Council 's policy on medication at scout camp. This policy was developed to comply with the National Standards of the Boy Scouts of America and the requirements of the Commonwealth of Virginia.

Over the counter medications [known as "OTC"] could be administered to your child by our Camp Health Provider, when requested, for these conditions:

- | | |
|----------------|-------------------------------------------------------------------------------------------------|
| Colds: | Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime |
| Sprains: | Tylenol or Ibuprofen (Motrin, Advil, Aleve) |
| Constipation: | Milk of Magnesia, Glycerin suppository |
| Swimmer's Ear: | Cortisporin Otic Drops |
| Diarrhea: | Pepto Bismol or Imodium AD |
| Allergies: | Benadryl |
| Wounds: | Bacitracin ointment, Betadine |

or other medications so recommended by our camp physician

Participants will NOT be charged for medications provided by the Health Lodge.

Goshen's Medical Director and other Health Lodge Staff reserve the right to make medical decisions regarding the participation of individuals at camp.

It is a condition of your child's attending camp that you grant permission to the Health Lodge Staff, to treat your child for emergent or necessary health concerns. This may include providing these OTC medications listed above to your child should they develop any of the above conditions or other medications as deemed necessary by the camp physician.

Please sign below.

Signature of Parent or Guardian

If your child is allergic to any of the above listed OTC drugs or had other allergies, please state below.

My son is allergic to: _____.

COUNCIL POLICY ON PRESCRIPTION MEDICATION AT CAMP To prevent problems with giving your child's medication, your child MUST have this form completed for any prescription medication with their BSA Health Form. Medication CAN NOT be given to your child unless the camp is in receipt of this form.