

OVER THE COUNTER MEDICATION CARD

*This card must be completed by the parent for all over-the-counter medication to be taken at camp. The card **must** be brought to camp with any medications. By signing this card, you are authorizing the leaders of Boy Scout Troop 615, staff and volunteers of Northern Star and Bay-Lakes Councils, BSA, to give the medication as indicated. No medicine container will be accepted at camp unless it is in the original container directions for use on the label, and if it contains the proper medication.*

Scout's Name _____

Address _____ Phone # _____

Name of drug(s) and dose _____

Date Medication is to begin _____ Time of administration _____ AM/PM

Purpose of Medication _____

Possible side effects of Medication _____

PARENTAL APPROVAL:

_____ Date _____

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