

Prescription Medication Form

Instructions: One form for each prescription medication and/or dosage, copy as needed. Place this form and medication in ORIGINAL prescription bottle or vial, into a zip lock bag.

Camper's Name: _____ Troop: **72** Campsite **Seneca**
Address: _____ - Apt # _____
City: _____ ST: _____ ZIP: _____

Name of Parent or Guardian: _____ Phone: () _____
Work Telephone: () _____ Cell Phone: () _____

Doctor's name: _____ Phone: () _____

Medication: _____ Strength: _____

Dosage and instructions: _____

Number of pills or Liquid Volume sent to Camp: _____

Reason for medication: _____

When was medication started: _____ Temporary use [] or Permanent use []

Side effects (reactions to foods, dehydration, stress, other medications, drowsiness, lethargy, concentration, etc.):

_____ - _____

List other important information about this medication since access to medical information or facilities could be delayed 6 - 10 hours, or more, due to remote wilderness settings:

Special Storage instructions: _____

Expected action if medication is not taken as directed: _____

Waiver: This information is confidential and is provided to FSR Executive Staff ONLY, 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. It will be returned to me at the conclusion of this trip.

Signature of Parent/Guardian _____ Date: _____

(Revised 8/2007)