



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

PRESCRIPTION MEDICATION

INFORMATION FORM

Unit #: _____ Council: _____ Date Attending Camp: _____

Camper's Name: _____

Name of Parent or Guardian: _____ Phone: (____) _____

Doctor's Name: _____ Phone: (____) _____

Medication / Strength: _____

Reason for medication: _____

When was medication started? _____ Temporary: _____ Permanent: _____

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

Special storage instructions: _____

Medication / Strength: _____

Reason for medication: _____

When was medication started? _____ Temporary: _____ Permanent: _____

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

Special storage instructions: _____

Medication / Strength: _____

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Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

Special storage instructions: _____



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ADMINISTRATION

PRESCRIPTION MEDICATION CARDS

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

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SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

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Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

AS NEEDED MEDICATION FORM

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

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(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

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Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

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Parent's Signature: _____

Date: _____ Daytime Phone: _____