

# Troop 134 Medication Administration Form

Scout's Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_

## Prescription(s):

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

## Non-Prescription(s):

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Given \_\_\_\_\_ am / pm

Known Reactions: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

## Parent / Guardian Authorization

I authorize Troop 134 Leaders and/or supervising adults to administer medication listed to the above-named scout.

\_\_\_\_\_

Printed Name

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Telephone Number

.....

I agree to accept responsibility for supervising and administering medication to the above-named scout

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

Date