



DRUG ADMINISTRATION RECORD

Dates of Camp: ___/___/___ to ___/___/___ Camp: _____ Site: _____

Scout(er) Last Name		Scout(er) First Name		Unit #
Date of Birth	Height	Weight	ALLERGIES	
Name Emergency Contact		Emergency Phone Number(s) During Camp		1. 2.

SECTION 1 – MEDICATIONS SUPPLIED BY CAMP: This section, completed by parent or guardian or adult, gives consent to the Health Lodge to supply a Scout (er) with an over the counter medication (OTC). OTC's will NOT be administered without the consent of the parent, guardian, or adult.

Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)					
Robitussin (plain)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sudafed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tylenol	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Milk of Magnesia	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Benadryl	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hydrocortisone Cream 1%	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Ibuprofen (Motrin, Advil)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Tums Tablets	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Polysporin Ointment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for the above Scout to receive the noted over the counter medications as needed.					
Signature: _____		Relationship: _____		Date: _____	

SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over-the-counter) - one (1) medication per box; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with the Scout/Scouter's name, drug name, and dosage/directions.
- Place medications in a zipper-lock plastic bag labeled with the Scout/Scouter's name, unit number, and dates of camp stay.
- ALL medications (for Scouts & Scouters) must be turned into the Camp Health Lodge for storage except for: **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, and INSULIN**. Complete this section for all emergency medications as well and turn this form in to the Camp Health Lodge.

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

In accordance with the BSA National Camp Standards, all medications brought from home must be stored in the Camp Health Lodge (except for EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN). However, the Camp, its Staff, and the Baltimore Area Council assume no responsibility for administering medications from home. Any youth campers requiring injectable medications should be able to administer these medications themselves or have an adult leader/parent/guardian available that would be able to administer these medications for them.

I give permission for the above Scout/Scouter to receive from storage and to take the above noted medications brought from home, as directed and as listed above.

Signature: _____ Relationship: _____ Date: _____

Signature/Initials Health Officer: _____ Date: _____

WHITE COPY (Health Lodge/First Aid Log) • YELLOW COPY (Return to parent upon camp departure) • GREEN COPY (Unit Leader)