Boy Scouts of America



l,printed	signe	d, request and author	ize the Sco	utmaster of
Troop 804 (or his/her	designee, an adult Scouter (over age 21) to administer to my sor	1	
		_ the following medications from	date	to
date	I can be reached at			in case there
are questions about th	ne medication			

Medication Name Dosage Potential Side Effects	Day of week	Medications given around Breakfast (7-8 AM)	Medications given around Lunch (12-1 PM)	Medications given around Supper (6PM)	Medications given at bedtime
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
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	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday	П			

Instructions to Parents/Guardians:

- 1. Each Scout that is taking medications will have a separate form.
- 2. List each medication the Scout is receiving separately.
- 3. Check the appropriate time of day and day of week for medications to be administered.
- 4. If a scout is receiving more than four medications, use an additional form.