

MEDICATION DISPENSING INFORMATION SHEET

Scout's name: _____

Name of parent/guardian: _____ Phone: (____) _____

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

Medication/strength: _____

Dosage: _____

Time of administration: _____

Dispensing and storage instructions: _____

Possible side effects of medication: _____

Parent/guardian please sign:

I, _____ parent/guardian of scout _____, give permission to _____, the designated adult leader of Troop 16, to dispense medication from the secure and locked container for my scout's medical purposes.

Parent/guardian signature: _____

Boy Scout signature: _____

Designated adult leader signature: _____