

Instructions to Trip Leader for Dispensing Scout Medications

I _____ give my consent to Troop 319 leadership to dispense all prescription medications listed below,
Parent/Guardian Name — please print

as well as to administer any over-the-counter medicines/remedies as needed to my son, _____
Scout's Name— please print

Please note any exceptions (if any) regarding medicines or remedies that should not be given to your son—*use reverse side if more space is required:* _____

Parent/Guardian Signature Authorizing Troop 319 Leaders to Dispense Medications/Remedies

Please place all medicine containers in a resealable bag clearly labeled with your scout's name. Provide all necessary information for troop leaders to properly dispense medications—*use reverse side of this page if more space is needed.*

Prescription Medications

	Name of Medication	Dosage	Frequency	Special Instructions
1				
2				
3				
4				
5				
6				