

Troop 541 Trip Medication Permission Form

Background: Some Scouts require prescription or non-prescription medication while on Troop 541 trips. We ask that parents complete this form for each trip, and to submit their child's medications to troop leadership in their original prescription containers. This is for your child's safety. In the event of a medical emergency, we must be prepared to provide medical staff with complete and accurate information about medications that have been administered.

- Parent/Guardian: Please complete, sign, and submit this form to the Scoutmaster or designated Assistant Scoutmaster if you anticipate that your child will need to take any over-the-counter or prescription medication while on a troop trip.
- List all over-the-counter and prescription medications. Other than external first aid treatment, medications will not be administered without this form.
- All medications are to be kept by the Scoutmaster or designated adult leader – with the exception of physician-identified emergency medications such as bronchial inhalers, diabetes medications, and EpiPens. (Please note those below for reference in case of emergency.)
- **Medications must be in their original container.** Prescriptions must show the Scout's name on the original label, dosage, and name and phone number of prescribing physician.

Scout's Name: _____ Date of Trip: _____

Medication	Reason for Medication	Dosage	When to Administer

Allergies: List any known medication or food allergies:

Parent/Guardian Agreement:

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have written the name(s) of medications my child is presently taking and directions for administering them.

Parent/Guardian Signature: _____ Date: _____

Medication Administration Record:

Medication	Dosage	Route	Date/Time	Initials

Notes: