

# Camp Kern Medical Administration Form

Name of scout: \_\_\_\_\_ Troop #: \_\_\_\_\_ Dates attending: \_\_\_\_\_

Medications to be administered: \_\_\_\_\_  
 \_\_\_\_\_

In the schedule below, please mark when each medication is to be administered:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							
<b>Bedtime</b>							

If you have any medications that must be taken at a specific time or at a time that is not listed in the chart above, please note it here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Note:** It is BSA policy that all medications be stored in a locked container and administered by the camp health officer. Adult leaders are highly encouraged to keep a copy of this medical administration form and to be present during the administration of their Scouts' medications.