Individual Medication Record

Troop 1 Richmond/Camp Yawgoog

Scout Name:_____ Parent Name:_____ Phone:_____ Date _____

❑ **Check here if your son is <u>not</u> bringing any medications to camp.**

An assistant scoutmaster will serve as the Medication Officer for the week. All medicine must be turned over to him at the meeting site. Medicines must be in the <u>original</u> prescription container, with the scout's name, type of medicine and instructions attached. Medicines will be kept in a locked container. Scouts should seek out the Medication Officer when it is time to take their meds. Attach the following instructions:

1. When and how often to take it
2. How many (example, 1 with breakfast, 2 with supper, 1 at bedtime)
3. If the scout takes more than one, describe each one (size, shape and color)
4. Whether it needs to be taken with food or on an empty stomach
5. Whether it needs to be taken with a specific drink (water, milk, juice, etc.)
6. Whether there is a specific order in which medications need to be taken
7. For asthma and epi-pens, indicate the severity of the condition and whether these need to be kept with the scout at all times or in the campsite.
8. Provide any specific information that will help in the proper dispensing of the medicine
9. In the chart below, fill out the medication name, the reason it is given, and when it is taken. When it is given, both the scout and the medication officer will initial.

<u>Typically, Medications are given at these times</u>:

- Before Breakfast 7:30 AM to 8:00 AM
- Before Lunch 11:30 AM
- Before Dinner 5:00 PM to 5:30 PM
- Before Bed 9:30 PM to 10:00 PM
- "If Needed" medications are given on request only if symptoms warrant the medication.

Both Medication Officer and Scout Must Initial

Medication	Reason	When taken		Sun		Mon		Tue		Wed		Thu		Fri		Sat		Sun	
			Initials																
			Initials																
			Initials																
			Initials																
			Initials																
			Initials																

Note: Please list any relevant issues such as special needs, dietary requirements, sleep talking, sleepwalking, bedwetting, learning disability, allergies, etc.