



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

AS NEEDED MEDICATION FORM

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____