



Blue Ridge Mountains  
Scout Reservation

# ADMINISTRATION

## PRESCRIPTION MEDICATION

### INFORMATION FORM

Unit #: \_\_\_\_\_ Council: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medication / Strength: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

When was medication started? \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): \_\_\_\_\_

Special storage instructions: \_\_\_\_\_

Medication / Strength: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

When was medication started? \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): \_\_\_\_\_

Special storage instructions: \_\_\_\_\_

Medication / Strength: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

When was medication started? \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): \_\_\_\_\_

Special storage instructions: \_\_\_\_\_

Medication / Strength: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

When was medication started? \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): \_\_\_\_\_

Special storage instructions: \_\_\_\_\_