

MVSR MEDICATION ADMINISTRATION RECORD

Scout/Scouter's Name	Troop Number	NEEDS TO BE ADMINISTERED, AND INCLUDE ANY SPECIAL INSTRUCTIONS FOR THE MEDICATION. THE PERSON ADMINISTERING THE MEDICATION AT CAMP SHOULD INITIAL ON THE DAY AND TIME THAT THE MEDICATION WAS ADMINISTERED.							
		TIME (CALL THAT OPEN)	SUN	MON	TUES	WED	THURS	FRI	SAT
MEDICATION NAME	DOSAGE	MORNING							
		NOON							
		EVENING							
SPECIAL INSTRUCTIONS:		BEDTIME							
		AS NEEDED							
MEDICATION NAME	DOSAGE	MORNING							
		NOON							
		EVENING							
SPECIAL INSTRUCTIONS:		BEDTIME							
		AS NEEDED							
MEDICATION NAME	DOSAGE	MORNING							
		NOON							
		EVENING							
SPECIAL INSTRUCTIONS:		BEDTIME							
		AS NEEDED							
MEDICATION NAME	DOSAGE	MORNING							
		NOON							
		EVENING							
SPECIAL INSTRUCTIONS:		BEDTIME							
		AS NEEDED							
MEDICATION NAME	DOSAGE	MORNING							
		NOON							
		EVENING							
SPECIAL INSTRUCTIONS:		BEDTIME							
		AS NEEDED							

COMPLETED BY: \_\_\_\_\_ SIGN/DATE: \_\_\_\_\_



## MVSR MEDICATION CHECK-IN FORM

Scouts and Scouters are to be checked by the Health Officer, at the Welcome Center, during check-in. All Medications must be turned in at time of check-in!

All medications, that need to be taken during camp, must be in the original container, with instruction label attached and accompanied with this "Medication Instructions" form. This form must be signed by a parent/legal guardian!

Medications are given out 3 times a day, at each meal; breakfast, lunch and dinner. If a Scout or Scouter needs to take medication at a different time, please indicate below.

### MEDICATION INSTRUCTIONS

NAME: \_\_\_\_\_

TROOP/CREW/PACK: \_\_\_\_\_ CAMPSITE: \_\_\_\_\_

1. MEDICATION NAME: \_\_\_\_\_

INSTRUCTIONS (Include how much, how often and when medications are needed):

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

2. MEDICATION NAME: \_\_\_\_\_

INSTRUCTIONS (Include how much, how often and when medications are needed):

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

3. MEDICATION NAME: \_\_\_\_\_

INSTRUCTIONS (Include how much, how often and when medications are needed):

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

4. MEDICATION NAME: \_\_\_\_\_

INSTRUCTIONS (Include how much, how often and when medications are needed):

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

PARENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_