



BSA Troop 1705
Troy, Michigan 48085

Part - F

2016 – 2017 Scout Prescription & Non-Prescription Medication Control Form

Scout's Full Legal Name: _____

Birth Date: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

***NOTE: All medication must be kept in the original container displaying dosage and directions for use.**

Name of Medication: _____

Reason for the Medication: _____

Possible Reaction(s): _____

<u>Time of Day</u>	<u>Dosage</u>	<u>Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Non-Prescription Medication:

Advil, Tylenol, Pepto-Bismol, Tums, etc. may _____ may not _____ be given to the above named Scout on an as need basis by an Adult Leader of Troop 1705.

I hereby request that my child be administered the above referenced non-prescription medication by an Adult Leaders of Troop 1705. I understand that the medication will be administered as per the directions described above or on the medication label. This form is to cover the September 1, 2016 to September 30, 2017 Scouting Year.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian