



VERDUGO HILLS COUNCIL BSA

PARENT'S MEDICINE CONSENT FORM

All medications that your Scout may need to take at camp must be listed on this form. You should include both over-the-counter medications (i.e. aspirin, Tylenol, Triaminic syrup, etc.) and prescription medications.

I, _____, give permission to Verdugo Hills Council
PARENTS' NAME
 BSA representative(s) to give to my child, _____, the following
CHILD'S NAME
 medications.

Over-the-counter medication (i.e. Tylenol, aspirin, Triaminic syrup, cough syrup, etc.)			Prescription Medication		
1	Name		1	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
2	Name		2	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
3	Name		3	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
4	Name		4	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
5	Name		5	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	

PLEASE SUBMIT TWO COPIES: UNIT LEADER RETAINS ORIGINAL; PHOTOCOPY IS FILED WITH CAMP HEALTH OFFICER