

Heart of Virginia Council - Boy Scouts of America
MEDICATION INFORMATION FORM

Individual Form for Camps & Events

All medications must be in the original pharmacy container with patient's name, drug and dosage clearly marked including any "over the counter" medications.

Who should use this form?
 Any Scout or Scouter (adult) at camp/event.

What do I do with this form?
 Bring this form, your physical form and any medication you are bringing to camp/event and turn them in at Check In.

Camper's Name _____
 Name of Parent/Guardian _____
 Phones: Home (____) _____ Work (____) _____ Cell Phone (____) _____
 Doctor's Name _____ Dr's Phone (____) _____
 Allergies: _____

1. Medication Name _____
 Dosage _____ Method of Administration _____
 Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	Su	M	Tu	W	Th	F	Sa

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____
 Expected action if medicine is not taken as directed _____

2. Medication Name _____
 Dosage _____ Method of Administration _____
 Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	Su	M	Tu	W	Th	F	Sa

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____
 Expected action if medicine is not taken as directed _____

3. Medication Name _____
 Dosage _____ Method of Administration _____
 Storage Instructions _____
 Total Quantity Needed _____ Quantity Sent to Camp _____
 Reason for medication _____

Time	Su	M	Tu	W	Th	F	Sa

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____
 Expected action if medicine is not taken as directed _____

FORM HAS 2 SIDES. If a Scout/Scouter is using more than 3 medications, please make additional copies.

COUNCIL POLICY ON PRESCRIPTION MEDICATION AT CAMP or EVENT

To prevent problems with giving your child’s medication, your child MUST have this form completed for any prescription medication with their BSA Health Form. Medication CANNOT be given to your child unless the camp/event is in receipt of this form.

Certain medications should be kept with the SCOUT/SCOUTER
(EPI-PENs for bee or insect bites due to allergic reactions; INHALERS for acute asthma actions; or CARDIAC MEDICATIONS such as Nitroglycerin)
Do NOT turn these medications to the health staff

Waiver for Information: This information is confidential and is provided to Health Director or designee for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child’s medical record.

Signature of Parent/Guardian _____ **Date** _____

Administration of OVER THE COUNTER “OTC” Medication to Campers

RE: Administration of Medication(s) to your child

We are delighted your son will be participating in a Heart of Virginia Council camp or event. We would like to inform you of the Heart of Virginia Council’s policy on medication at Scout camps/events. This policy was developed to comply with the National Standards of the Boy Scouts of America and the requirements of the Commonwealth of Virginia.

Over the counter medications [known as “OTC”] could be administered to your child by our camp/event medical director or health staff member, when requested, for these conditions:

- Colds: Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime
- Sprains: Tylenol or Ibuprofen (Motrin, Advil, Aleve)
- Constipation: Milk of Magnesia, Glycerin suppository
- Swimmer's Ear: Cortisporin Otic Drops
- Diarrhea: Pepto Bismol or Imodium AD
- Allergies: Benadryl
- Wounds: Bacitracin ointment, Betadine

or other medications so recommended by our camp/event health director

Participants will NOT be charged for medications provided by the Health Lodge/director.

The Camp/Event's health director and other health staff reserve the right to make medical decisions regarding the participation of individuals at camp/event.

If your child is allergic to any of the above listed OTC drugs or had other allergies, please state below.
My son is allergic to: _____

It is a condition of your child’s attending camp/event that you grant permission to the health staff, to treat your child for emergent or necessary health concerns. This may include providing these OTC medications listed above to your child should they develop any of the above conditions or other medications as deemed necessary by the camp/event medical officer.

Signature of Parent/Guardian _____ **Date** _____