

Scout Medication Administration - BSA Troop 171

Scout Name: _____ Parent Name: _____ Parent Ph #: _____

Instructions:

- Each Scout that is taking medications should have a separate form.
- This form should be completed by a parent / guardian, prior to the Scout event, and placed in a gallon Ziploc type bag with medication(s).
- The adult *giving* a medication should write their initials for each medication given. If no medication was given, leave the space blank.

Medication name, strength, frequency & route of administration (list if <u>not oral</u>) NOTE: list each medication separately	Before Breakfast (5-6 am)	With Breakfast (7-8 am)	With Lunch (12-1 pm)	With Supper (5-6 pm)	Before Bedtime (9-10 pm)
Med Name	Su _____	Su _____	Su _____	Su _____	Su _____
	M _____	M _____	M _____	M _____	M _____
Strength	Tu _____	Tu _____	Tu _____	Tu _____	Tu _____
	W _____	W _____	W _____	W _____	W _____
Freq	Th _____	Th _____	Th _____	Th _____	Th _____
	F _____	F _____	F _____	F _____	F _____
Route	Sa _____	Sa _____	Sa _____	Sa _____	Sa _____
Med Name	Su _____	Su _____	Su _____	Su _____	Su _____
	M _____	M _____	M _____	M _____	M _____
Strength	Tu _____	Tu _____	Tu _____	Tu _____	Tu _____
	W _____	W _____	W _____	W _____	W _____
Freq	Th _____	Th _____	Th _____	Th _____	Th _____
	F _____	F _____	F _____	F _____	F _____
Route	Sa _____	Sa _____	Sa _____	Sa _____	Sa _____
Med Name	Su _____	Su _____	Su _____	Su _____	Su _____
	M _____	M _____	M _____	M _____	M _____
Strength	Tu _____	Tu _____	Tu _____	Tu _____	Tu _____
	W _____	W _____	W _____	W _____	W _____
Freq	Th _____	Th _____	Th _____	Th _____	Th _____
	F _____	F _____	F _____	F _____	F _____
Route	Sa _____	Sa _____	Sa _____	Sa _____	Sa _____

NOTE: If a Scout is receiving more than three medications, use an additional form.