



TROOP 67 CIRCLE 10 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 Troop 67
PARENTS' NAME (signature)

BSA representative(s) to give to my child, _____, the following
CHILD'S NAME (print)
 medications.

Prescription Medication			Over-the-counter medication (i.e. Tylenol, aspirin, Triaminic syrup, cough syrup, etc.)		
1	NAME		1	NAME	
	DOSAGE			FREQUENCY	
	FREQUENCY			DOSAGE	
2	NAME		2	NAME	
	DOSAGE			FREQUENCY	
	FREQUENCY			DOSAGE	
3	NAME		3	NAME	
	FREQUENCY			FREQUENCY	
	DOSAGE			DOSAGE	
4	NAME		4	NAME	
	FREQUENCY			FREQUENCY	
	DOSAGE			DOSAGE	

PLEASE SUBMIT COPY TO MEDICINE LEADER BEFORE DEPARTURE TO BE FILED