

## Event Medication Information Form

1. Medication must be brought in an approved container with prescription label attached.
2. Only the amount of medication needed for that event shall be brought.
3. Troop 51 and its leaders are only responsible for collecting, safeguarding and monitoring the medication; and not responsible for dispensing.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Event Name \_\_\_\_\_

**In case of emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____	Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____
Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____	Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____
Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____	Name of Medication: _____ Medical Reason: _____ Dosage Instructions: _____ Special Instructions _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_