

## Event Medication Administration 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. All medical information is kept confidential.
4. Place medication and this form in a zipper bag for accurate management and administration. Thank you!

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 \_\_\_\_\_

<p>Name of medication: _____</p> <p>Dosage: _____</p> <p>Times: _____</p> <p>Medical indication: _____</p> <p>Special Instructions: _____</p>	<p>Name of medication: _____</p> <p>Dosage: _____</p> <p>Times: _____</p> <p>Medical indication: _____</p> <p>Special Instructions: _____</p>
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_