Medication LIST

Scout: _____

Parent/Guardian: _____

Event: _____

Dates: _____

First Aid Officer - Mr. Jason Hamilton

Scoutmaster - Mr. Randy J. Gleason

Medication	Dosage	Administration	
		Time	Initials
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Dear parent/guardian:

In an attempt to ensure that every scout who has to take medication inteed takes his medication we have created this form for you to fill out. Even if your scout normally administers his own medication we still will need this form completed. For Saftey purposes Mr. Hamilton will be given all medications for our outings. Even if your scout administers his own medication, you as the parent/guardian will have to give this medication(s) to Mr.Hamilton for the outing. This will ensure that no scout will forget to take his medication(s).