

Hawk Mountain Scout Reservation Prescription Medications

NOTE: This form IS REQUIRED FOR EVERY CAMPER that arrives at Hawk Mountain Scout Reservation. If the below named camper does NOT have this form, the Parent or Legal Guardian will be contacted and will be required to have the form at the Hawk Mountain Scout Health Lodge no later than Noon the next day. If the form is not received by the Hawk Mountain Scout Reservation in the allotted time, the parents will be contacted to come and pick up the camper.

In order that the Health Lodge Medical officer can administer any prescription medications, you must complete the information below.

Name of Camper: _____ Unit Number: _____ Age: _____

Name of Prescribing Doctor: _____ Phone: _____

Please list all prescription medications. Indicate the amount to be administered, time of day, and any other special instructions. Also indicate "A" for "after" meals, "B" for "before" meals, or "W" for "with" meals -- enter this information in the column for the appropriate meal.

Name of Medication	Special Instructions for Medication	Breakfast	Lunch	Dinner	Before Bedtime

As Parent or Legal Guardian of the above named camper, I give the Health Lodge Medical officer permission to administer the above medications at the times indicated. I understand that if I do not pick up the medication from the Health Lodge Medical officer within 3 days after departing camp, the medication will be destroyed. I also agree to have all the medications in the original container that is issued by the pharmacy.

Date: _____ 20_____ Signature of Parent or Legal Guardian _____

The above named camper DOES NOT need any prescription medications administered.

Date: _____ 20_____ Signature of Parent or Legal Guardian _____

!!! IMPORTANT !!! - PLEASE COMPLETE/SIGN BOTH SIDES OF THIS FORM

Hawk Mountain Scout Reservation Over-The-Counter Medications

Name of Camper: _____

Age: _____

Unit Number: _____

Camp Site Name: _____

Hawk Mountain Scout Reservation Health Lodge has the following medications available for campers. As the Parent or Legal Guardian you can give permission for the Health Lodge Medical officer to administer any of the following medications by placing your initials in the column next to the appropriate medication.

Name of Medication	Initial of Parent to Allow the Health Officer To Administer Medication
Tylenol, Regular Strength	
Tylenol, Chewable	
Tylenol Cold	
Pepto-Bismol Regular Strength	
Mylanta	
Benadryl Allergy	
Sudafed	
Robitussin Liquid	
Cepacol	
Ibuprofen	
Alka-Seltzer	
Tums Anti-acid	
Hydrocortisone Anti-Itch Cream	

NOTE: The items listed above will be under lock and key at the Health Lodge. If there are any over-the-counter medications that are not on the list and need to be available, please add them in the blank spaces and initial the second column.

As Parent or Legal Guardian of the above named camper, I give the Health Lodge Medical officer permission to administer **ONLY** the medications that I have initialed in the column next to the medication. I understand that if I have not initialed the item, the Health Lodge Medical officer may not administer that medication.

Date: _____ 20_____ Signature of Parent or Legal Guardian _____

As Parent or Legal Guardian of the above named camper, I do **NOT** give permission for the Health Lodge Medical officer to administer any over-the-counter medications. In the event that the camper needs one of the medications, the Health Lodge Medical officer will contact one of the Parents or Legal Guardians. Please give the Health Lodge Medical officer the following information:

Name of Parent or Legal Guardian: _____

Day Time Phone Number: _____

Night Time Phone Number: _____

Date: _____ 20_____ Signature of Parent or Legal Guardian _____

!!! IMPORTANT !!! - PLEASE COMPLETE/SIGN BOTH SIDES OF THIS FORM