

**TROOP 9
MEDICATION RELEASE &
EMERGENCY CONTACT**

Scout Name: _____

List all medications that scout is bringing to camp, both prescription and non-prescription:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>
1.		
2.		
3.		
4.		

I certify that all medications are in their original containers, and that all prescriptions associated with said medications were issued in my son's name. I grant authority to the adult leadership of Troop 9 to administer the above-listed medications to my son pursuant to the above schedule, or as needed if so indicated.

Signed this ____ day of _____, 2010

Parent or Legal Guardian Signature

Print parent name here

List any and all emergency telephone numbers where you can be reached 24 hours a day, during the entire period of July __th – __th .

Number(s):

Hours available at each number: