



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

PRESCRIPTION MEDICATION CARDS

Please complete and place 1 copy with medicine in a separate ziplock bag for each dose to be taken while at camp.

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____