



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

PRESCRIPTION MEDICATION

INFORMATION FORM

Please complete and attach to medical form.

Unit #: _____ Council: _____ Date Attending Camp: _____

Camper's Name: _____

Name of Parent or Guardian: _____ Phone: (____) _____

Doctor's Name: _____ Phone: (____) _____

Medication / Strength: _____

Reason for medication: _____

When was medication started? _____ Temporary: _____ Permanent: _____

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

Special storage instructions: _____

Medication / Strength: _____

Reason for medication: _____

When was medication started? _____ Temporary: _____ Permanent: _____

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

Special storage instructions: _____

Medication / Strength: _____

Reason for medication: _____

When was medication started? _____ Temporary: _____ Permanent: _____

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____

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Special storage instructions: _____