

Camp Chief Little Turtle Medications Administration Record

Prescription or Over-the-Counter Medications & Medical Assisted Devices

MEDICINE: All medications must be in their ORIGINAL container. Medications not provided in their ORIGINAL container WILL NOT be accepted. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival to camp. **Form included w/health form or on the council website www.awac.org.** Those with epi-pens, inhalers, etc. should bring **TWO**, marked with the Scout's full name. An extra shall be kept in the Health Lodge as a precaution.

All medications will be kept in the Medication Lockbox at the unit's campsite and will be the responsibility of each unit's leader. Only those medications that require refrigeration or other temperature controlled storage will be kept in the Health Office.

Please complete and return this form w/ your health form to your unit leader.

Name: _____ Unit #: _____ Age: _____

Dietary or Medical Concerns: _____

Parent Signature(if needed) _____ Date _____

Over-the-Counter Medication: I authorize the medical staff of Camp Chief Little Turtle to administer the following over-the-counter medications. **Please circle your choices.**

- ▶ Anti-histamines ▶ Acetaminophen ▶ Ibuprofen ▶ Cough Drops ▶ Anti-itch cream
 ▶ Pepto-Bismol tablets ▶ NONE ▶ OTHER: _____

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____
 Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____
 Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

*The above grids to be completed by unit leader or staff only!

Medical Assisted Device:

All Scouts/Scouters needing electricity for medical assisted devices need to notify Council Office with your units final payment. **Availability is limited.** No electricity is available in the campsites.

Please list the type of equipment you will be bringing: _____

Will electricity be needed for the device(s)? YES NO Will you be bringing a personal battery for powering your equipment? YES NO

Battery charging is available in the Administration Office for these needs.