## In Camp Medication Form

 Week \_\_\_\_\_\_
 Dates: \_\_\_\_/\_\_\_\_ to \_\_\_\_/ \_\_\_\_
 Page \_\_\_\_\_ of \_\_\_\_\_

Council: \_\_\_\_\_

Troop Number: \_\_\_\_\_

This form identifies each participant requiring medication. All prescription drugs must be kept in locked storage. An exception may be made for a limited amount of medication to be carried by a camper, leader, parent/guardian or staff member for life threatening conditions. Please make a note if medication require refrigeration as we have locked refrigeration storage in our medical lodge.

Participant Name	Medication	Frequency	Notes