

TROOP 542 – Medication Authorization Form

(please print)

Parent/Guardian Name: _____

Scout Name: _____

Event Date(s): _____

Emergency Phone Number(s) during this Trip: _____

ANY and ALL medications (1) need to be supervised / administered by the Scoutmaster/designee, and (2) need to be in a labeled container with the Scout's name on it and type of medication clearly identified. List Medications (*ONLY NEEDED FOR TRIP*) AND Dose / Schedule (*KEEP IN ORIGINAL CONTAINER*)

If limitations, explain: _____

Date

Signature – Parent or Guardian