

PARENT / GUARDIAN REQUEST FOR MEDICATION (If Needed)

Scout Name: _____ Date of Birth: _____	Patrol: <i>(Determined by NYLT Staff)</i>
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I request that medication be administered to my son / daughter in accordance with the written prescription on the medication container.

Diagnosis / Reason for Medication:

Medication / Dose:

Route (Oral, Topical, etc.):

Possible Reactions:

Instructions for Emergency Care: (please attach additional page)

PARENT / GUARDIAN PRINTED NAME PARENT / GUARDIAN SIGNATURE DATE:

HOME PHONE #

WORK PHONE #

CELL PHONE #

PERMISSION TO CARRY MEDICATION (If Needed)

Inhaler / Medication:

My son / daughter has been instructed in the proper use of their inhaler / medication. Their well-being is in jeopardy unless the inhaler / medication is carried on his / her person; therefore, I request that he / she be permitted to carry the inhaler / medication.

I permit my son / daughter to carry the above listed inhaler / medication as ordered by his / her physician. I understand that sharing medication with other Scouts will result in disciplinary action. I also understand the NYLT Staff are unable to monitor the frequency or method of usage of inhaler / medication when it is being carried by a Scout.

PARENT / GUARDIAN SIGNATURE

DATE: