Over-the-counter Medication Record

Camp Cedars – Mid-America Council

Unit #: _____ Campsite: _____ Dates at Camp: _____

Instructions:

- Review medical form prior to giving medication to ensure parent permission is granted and check allergy to medications.
- Each time a dose is given, it must have its own line.
- Adult administering the dose will initial

Scout / Adult Name	Medication Name and Dose	Time Given	Date	Leader Initials
ex: John Smith	*Tylenol, 500 mg*	*3:15pm*	*6/12/23*	*MC*

THIS FORM MUST BE TURNED IN ON FRIDAY OR SATURDAY IN THE HEALTH LODGE BEFORE CHECKING OUT OF CAMP