



Medication Dosing Record

Mid-America Council

Scout /Adult Name: _____ Unit #: _____ Dates at Camp: _____

Instructions:

- Each participant taking medications should have a separate form.
- This form should be completed by the adult/ parent and reviewed by the unit health officer & camp health officer.
- List each prescription medication the scout is taking separately.
- The unit health officer giving the medication should put their initials by the time at which the medication was given.

Medication Name/ Dose	Qty to Camp	Day of Week	Breakfast	Lunch	Dinner	Bedtime
<i>Example: Singulair – 10 mg Daily at breakfast</i>	<i>10 pills</i>		<i>8:15a CAS</i>			
		Sunday	---	---		
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday		---	---	---
		Sunday	---	---		
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday		---	---	---
		Sunday	---	---		
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday		---	---	---
		Sunday	---	---		
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday		---	---	---

NOTE: If a scout is receiving more than four medications, use an additional form

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

Print Adult Name & Initials: _____ Print Adult Name & Initials: _____
 Print Adult Name & Initials: _____ Print Adult Name & Initials: _____