Scouting America

Mid-America Council

Under 18 NYLT Participant Medication Permission

Participant Name _____ Participant DOB_____

- ☐ **This Participant regularly takes prescribed medication. (list below)**
- ☐ **This Participant may need emergency medication administered while at camp (inhaler, EpiPen, etc.) and will need to carry this medication with them throughout the day. (list below)**
- ☐ **This Participant may take OTC medicine. (list below)**

Medication Name	Dosage	Time Taken

All Participants will be able to keep their medication in their cabin/housing quarters/tents. Medication must be in a locked container. All medication must also be in an original container labeled by the pharmacist or prescriber.

Parent/ Guardian Authorization: I hereby give my child permission to possess and self-administer the above listed medication at the specified times. I confirm that my child has the knowledge and skill to possess and self-administer the above medication. If changes need to be made to this list of medications or my authorization, I will notify the Camp Health Officer immediately.

Parent/ Guardian Signature:_____Date:_____