MEDICATION ADMINISTRATION AUTHORIZATION

Adult Leader Delegation — Camp Health Officer Authorization

Issued pursuant to 25 TAC §265.15(l), Texas Youth Camp Rule

1. Session Information

Camp / Session:		**Session Dates:**	
Troop / Unit #:		**Camp Health Officer:**	
Designated Adult Leader:		**Date of Review:**	

2. Medications Reviewed

Note: A current parent/guardian authorization is required for each medication listed below. This form does not replace the BSA Annual Health and Medical Record or the Parental Medication Authorization form — it documents the Camp Health Officer's individualized delegation of administration, which is required separately under Texas law.

3. Camp Health Officer — Assessment & Disposition

☐	Structured competency assessment completed by the Camp Health Officer using the CHO Medication Administration Competency Assessment Checklist (attached/on file)
☐	Determination: APPROVED — the adult leader named below is authorized to administer the medication(s) listed below.
☐	Determination: NOT APPROVED — the medication(s) listed below will be stored and administered at the Health Lodge by the Camp Health Officer or designated medical staff. The Scout will report at scheduled times.

4. Adult Leader Acknowledgment

I confirm that the Camp Health Officer has reviewed with me the medication(s) listed below, including the proper dose, timing, storage, documentation requirements, missed-dose procedure, and emergency response steps. I understand this information and agree to administer the listed medication(s) only in accordance with the prescribing physician's instructions, the parent/guardian's authorization, and camp policy while the medication remains in my custody. I will keep the medication(s) in a secured location that campers cannot access and will report any missing medication to the Camp Health Officer right away. I accept the delegated responsibility for administering these medications under this authorization, which may be revoked by the Camp Health Officer at any time if established procedures are not followed.

Adult Leader Signature *Printed Name* *Date*

Alternate Adult Leader Signature (Optional) *Printed Name* *Date*

5. Camp Health Officer Authorization

Pursuant to 25 TAC §265.15(l), I have completed a structured competency assessment of the above adult leader's understanding of the medication administration requirements for the medication(s) listed below and have determined that this individual is capable of safely administering them. I authorize this individual to administer the listed medication(s) during the camp session identified above. This authorization is specific to this individual, this session, and the medication(s) listed, and may be revoked at any time. This authorization reflects my assessment of the adult leader's demonstrated competency and understanding at the time of review; it does not make the Camp Health Officer responsible for confirming that each subsequent dose is actually given, missed, or administered correctly during the camp session — that responsibility rests with the adult leader identified above once this authorization is accepted.

Camp Health Officer Signature *Printed Name/ Credentials* *Date*

6. Alternative — Health Lodge Administration

If the adult leader does not wish to accept this responsibility, or the Camp Health Officer determines that delegation is not appropriate for a specific medication (see Medication Custody Determination policy for controlled substances and other high-risk medications), that medication will be stored and administered at the Health Lodge by the Camp Health Officer or designated medical staff, and the Scout will report there at scheduled times. This has no bearing on the Scout's ability to attend camp.

Once this authorization is accepted, responsibility for administering the identified medication(s) safely, accurately, and in accordance with the prescribing instructions rests with the designated Adult Leader named above. Scouting America, Circle Ten Council, the Camp Health Officer, and the Council Medical Director are not liable for the Adult Leader's administration of, or failure to administer, the identified medication(s), or for any adverse or allergic reaction that may result, provided this authorization and the underlying medical and parental instructions were followed.

Retain the original of this form with camp health records for the duration required by camp/council policy. Delegated adult leader should return any remaining medications to the parent of the scout along with the medication administration form.

Scout Name	Medication	Dose	Schedule / Times	Special Instructions

☐ *Medication Addendum Attached*

Medication Addendum

Scout Name	Medication	Dose	Schedule / Times	Special Instructions