

# Blue Ridge Scout Reservation

## Unit Health Officer Waiver Form

By signing below, I acknowledge that I am responsible for keeping my unit's medications under safekeeping, as well as distributing said medications as noted by given instructions on the Prescription Medication Dosing Form. The Blue Ridge Scout Reservation is not liable for the administration of medications not in our possession.

I also agree to document all given doses of medicine on the attached form. I agree to keep this form in an easily accessible location.

I understand that this form must be signed and turned into the Blue Ridge Scout Reservation health officers upon arrival of our unit at camp. I agree to turn in the original and/or a copy of the Prescription Medication Dosing Form to the health officers before leaving camp. Additionally, I acknowledge that I attended a medication consultation with the health officers on staff.

I understand that the Blue Ridge Scout Reservation is not liable for any damages that arise from failing to comply with these instructions.

Print Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Unit Type: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_