

# 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 turned into the Blue Ridge Scout Reservation Health Officers on Friday night before leaving the BRSR. 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: \_\_\_\_\_

Camp attending:      Camp Ottari      Camp Powhatan      Claytor Lake