



NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)
Potawatomi Area Council, BSA
Medication Card

NYLT Staff only:
Program Troop _____
Patrol _____
Campsite _____

No medicine will be accepted at camp unless it is in the container dispensed by the pharmacist or the store where it was purchased from with medicine and directions clearly noted.
Prescribed medicine(s) must also include the name of prescribed patient and prescribing physician.

This form is to be turned in at each development with medications to be taken during that development.

Over-the Counter Medications (e.g. Tylenol, Ibuprofen, vitamins)

Medication	Dose	Route (how taken)	Frequency (times per day/week)	Time (am / pm)	Reason (why needed)

Non-prescription medication, sunscreen, and insect repellent administration is authorized with these exceptions: _____

___ Yes ___ No _____
Parent Signature (participant if over 18) Date

Prescription Medications (e.g. prescribed by Doctor)

Medication	Dose	Route (how taken)	Frequency (times per day/week)	Time (am / pm)	Reason (why needed)

Prescribing Physician's Name and Contact information:
Doctor _____ Phone Number _____
Address _____