



NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)  
 Potawatomi Area Council, Scouting America  
**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 on Sunday, June 15, 2025 with medications to be taken during the NYLT Course Week.**

Participant Name: \_\_\_\_\_

Medication:	Time	S	M	T	W	R	F	S
Dosage:								
Time: PRN Dailey BID QID AC PC HS								
Reason Needed:								
Comments:								
Medication:	Time	S	M	T	W	R	F	S
Dosage:								
Time: PRN Dailey BID QID AC PC HS								
Reason Needed:								
Comments:								
Medication:	Time	S	M	T	W	R	F	S
Dosage:								
Time: PRN Dailey BID QID AC PC HS								
Reason Needed:								
Comments:								
Medication:	Time	S	M	T	W	R	F	S
Dosage:								
Time: PRN Dailey BID QID AC PC HS								
Reason Needed:								
Comments:								

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

\_\_\_\_ Yes \_\_\_\_ No  
 \_\_\_\_\_  
 Parent Signature (participant if over 18) Date

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