



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

NYLT Staff only:
Program Troop _____
Patrol _____
Campsites _____

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 14, 2026 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 _____