

# MMSR Unit Health Officer Waiver Form

By signing below, I acknowledge that I am responsible for keeping my Troop's medications under safekeeping, as well as distributing said medications as noted by given instructions on the Prescription Medication Dosing Form. Black Hills Area Council and Medicine Mountain Scout Ranch (MMSR) are not liable for the administration of medications not in our possession. MMSR will only keep medications for units that need to be stored cold, but it is still the responsibility of the Unit Health Officer to arrange that these medications are taken.

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 Medicine Mountain Scout Ranch Health Officer on Saturday morning prior to departure.

Additionally, I acknowledge that I will attend a medication consultation with the Health Officer(s) on staff within 24 hours of arriving at camp.

I also agree to keep medication under lock except for those specific medications that are to be carried by the individual (inhalers, EpiPens, etc)

I understand that Black Hills Area Council and Medicine Mountain Scout Ranch are not liable for any damages that arise from failing to comply with these instructions.

Print Name: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Unit Number \_\_\_\_\_

