



Troop Health Officer Medication 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. The Grand Canyon Council 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 Grand Canyon Council Health Officers on Friday night before leaving camp.

Additionally, I acknowledge that I attended a medication consultation with the Health Officers on staff.

I understand that the Grand Canyon Council is not liable nor responsible for any damages nor injury that arise from failing to comply with these instructions.

Print Name: _____ Date _____

Signature: _____ Date _____

Staff Member receiving waiver: _____