## Camper Medication Check-In Form

Scout:	Scout:		Troop:			
Home Phone:	Home Phone:			Cell Phone:		
Please list below any	prescription or (	OTC medic	cations tha	t are taken	at regular intervals:	
Medication	Breakfast	Lunch	Dinner	Other Time	Reason for Medication	

Please list any OTC "as needed" medications and/or special instructions: