

### Horseshoe Scout Reservation Medication Administration Record

Dates of Camp: \_\_\_\_\_

Name: \_\_\_\_\_ Troop \_\_\_\_\_

Camp Horseshoe       Camp Ware       Campsite \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please fill out one section for each medication to be administered at Camp. **This form should be completed for anyone who will be staying overnight at camp. This includes scouts and adults who need to take medication while at Camp Horseshoe.**

All medications must be in the original container with the original label prepared by the pharmacy or physician which provides all of the customary information such as the patient's name clearly marked, drug name, dosage and instructions. All non-prescription medication must be marked with the patient's name and any instructions. ) **WE ASK THAT THIS FORM BE COMPLETED BY THE PARENT OR GUARDIAN AND TURNED IN TO THE HEALTH LODGE AT THE START OF THE SCOUT'S CAMPER WEEK.**

**All medications (except Epic pens and inhalers) must be turned in to the Health Lodge at the start of the patient's stay in camp.**

EPIPENS AND RESCUE INHALERS need to be carried by the scout at all times while at camp, in accordance with the prescription or instructions from the patient's physician. They do not need to be handed into the Health Lodge.

NOTE TO PARENTS/GUARDIANS: If your child fails to appear at the Health Lodge at the prescribed time to receive a medication dose, the troop's adult leaders will be notified with a request that the scout should be sent to the Health Lodge. All medications administered to the scout by the Health Lodge will be noted on this form. At the end of the scout's camper week, a copy of this form can be sent to the parent or guardian if an e-mail address is provided, so that parents or guardians will know when the child received medication. If you have any question at any time regarding your child, you may e-mail the Health Lodge at [hshealthlodge@cccbsa.org](mailto:hshealthlodge@cccbsa.org). This e-mail is confidential and is only viewed by the camp nurse and doctor.

Name of Scout \_\_\_\_\_ Troop \_\_\_\_\_

Medication name/ Strength: \_\_\_\_\_

Dosage (how many and when?): \_\_\_\_\_

Quantity sent to camp: \_\_\_\_\_

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): \_\_\_\_\_

**FOR HEALTH LODGE STAFF ONLY**

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:								
Lunch:								
Dinner:								
Hour of Sleep:								

Name of Scout \_\_\_\_\_ Troop \_\_\_\_\_

Medication name/ Strength: \_\_\_\_\_

Dosage (how many and when?): \_\_\_\_\_

Quantity sent to camp: \_\_\_\_\_

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): \_\_\_\_\_

Dosage (how many and when?): \_\_\_\_\_

Quantity sent to camp: \_\_\_\_\_

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): \_\_\_\_\_

FOR HEALTH LODGE STAFF ONLY

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:								
Lunch:								
Dinner:								
Hour of Sleep:								

Name of Scout \_\_\_\_\_ Troop \_\_\_\_\_

Medication name/ Strength: \_\_\_\_\_

Dosage (how many and when?): \_\_\_\_\_

Quantity sent to camp: \_\_\_\_\_

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): \_\_\_\_\_

FOR HEALTH LODGE STAFF ONLY

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:								
Lunch:								
Dinner:								
Hour of Sleep:								

Name of Scout \_\_\_\_\_ Troop \_\_\_\_\_

Medication name/ Strength: \_\_\_\_\_

Dosage (how many and when?): \_\_\_\_\_

Quantity sent to camp: \_\_\_\_\_

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): \_\_\_\_\_

FOR HEALTH LODGE STAFF ONLY

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:								
Lunch:								
Dinner:								
Hour of Sleep:								

This information is confidential and is provided to the Camp Health Officer or designee for the express purpose of helping to ensure a healthy and safe week at Camp Horseshoe. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical records.