

Scout Prescription Medication Form-Troop 71

Form is good for 1 year from date of signature

Completion of this form authorizes registered adult leaders of Scout Troop 71 to dispense listed prescription medications as described below.

Scout Name: _____

DOB: _____

Drug Allergies: _____

Medication Name	Dose	Route	Frequency	Special instructions
(i.e)Zantac	150 mg	By mouth	Twice a day	takes at breakfast and bedtime

Parent/Guardian Signature: _____

Date: _____

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