



Scouts Canada Medication Form

Youth Name: _____

Group/Section: _____ Adventure Title (ie/Winter camp): _____ Dates: _____

Medication 1: _____ Dosage/Times: _____ **Medication 2:** _____ Dosage/Times: _____

Notes (Keep refrigerated, serve with food, etc): _____ Notes (Keep refrigerated, serve with food, etc): _____

Medication 3: _____ Dosage/Times: _____ **Medication 4:** _____ Dosage/Times: _____

Notes (Keep refrigerated, serve with food, etc): _____ Notes (Keep refrigerated, serve with food, etc): _____

I, _____, provide my consent for a Scouts Canada Scouter to dispense medications to my child following the directions I have provided above. Parent Signature: _____

Medication Log						
TSR*—Two Scouter Rule applicable and second Scouter present for confirmation of process.						
DATE	TIME	MEDICATION(S) PROVIDED	ADMINISTERED BY	SIGNATURE	TSR* INITIAL	NOTES

Medication(s) Returned (Y/N): _____ Date: _____ Parent Signature: _____ Scouter Signature: _____