

TROOP 97 MEDICATION FORM

Participant's Name _____ Age _____

Special Needs:

Please list any special needs or requirements such as diet, allergies, etc. Attach additional info to this form as necessary.

Medication Information:

This information is mandatory for any prescription or non-prescription medications to be taken during any activity concerning Troop 97.

1) Medication Name/Strength _____

Dosage _____

Reason for taking _____

Side Effects _____

Storage Requirements _____

Safety Concerns/Warnings _____

2) Medication Name/Strength _____

Dosage _____

Reason for taking _____

Side Effects _____

Storage Requirements _____

Safety Concerns/Warnings _____

3) Medication Name/Strength _____

Dosage _____

Reason for taking _____

Side Effects _____

Storage Requirements _____

Safety Concerns/Warnings _____

Parent or Adult Participant's Signature _____ Date _____