

Provided Prescription and/or Provided OTC Medication Form

Child's name: _____ Troop #: _____

Parent/caregiver: Please complete, sign, and submit this form to the troop leader/first aider for each trip your child takes or when changes occur. This is required for the adult to assist with any prescription or administer over-the-counter medication **you provide** to the troop/group.

All medications **must** be kept in the possession of the adult first-aider, the **only** exceptions are: birth control, Epi Pens®, bronchial inhalers, or diabetes medication which may be carried by the child.

All medication; prescription and parent/caregiver provided, must be in its original container with original label, dose and expiration date. Prescription labels must include child's name, physician's name and phone number. These **must** be handed over in a clear resealable bag identified with the child's name on it.

My child takes the following medication(s) on a DAILY/AS NEEDED basis and will need them with her while in your care: Please indicate those also carried by the child.

i.e. Epi Pen®, Albuterol® ...

| Medication Name & Allergic to... | Dose/ As Prescribed | Frequency/ As needed | Time Administered/Taken |
|----------------------------------|------------------------|-------------------------|----------------------------|
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| | | | |
| Special instructions: | | | |

Medications I have already given my child today:

| Medication Name | Dose | Frequency | Time Administered/Taken |
|-----------------|------|-----------|----------------------------|
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My child is currently taking the following medication/s on a temporary basis and will need to use them while in your care: This area is for antibiotics and/or any medication the parent/caregiver deems allowable to the child. i.e. Allergy Relief, Amoxicillin, Prednisone...

| Medication Name | Dose | Frequency/ As needed | Time Administered/Taken |
|-----------------------|------|-------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| Special instructions: | | | |

Parent/caregiver signature: _____ Date: _____