

**MEDICAL RELEASE FORM**

Buckeye Council Camp

This form gives permission for the leadership of the Buckeye Council camps and adult unit leaders to give my son/daughter in **Pack**\_\_\_\_\_ / **Troop**\_\_\_\_\_ / **Crew**\_\_\_\_\_

**NAME**\_\_\_\_\_ the following prescription medications on the following schedule:

**ALLERGIES:**

**MEDICATION:**\_\_\_\_\_ **MEDICATION:**\_\_\_\_\_

**DOSE:**\_\_\_\_\_ **DOSE:**\_\_\_\_\_

**TIME:**\_\_\_\_\_ **TIME:**\_\_\_\_\_

**MEDICATION:**\_\_\_\_\_ **MEDICATION:**\_\_\_\_\_

**DOSE:**\_\_\_\_\_ **DOSE:**\_\_\_\_\_

**TIME:**\_\_\_\_\_ **TIME:**\_\_\_\_\_

This also allows the camp leadership and adult unit leaders to **dispense over-the-counter (non- prescription) medications** as deemed necessary (eg. Benadryl, Tylenol, non-steroidal anti-inflammatory, etc.)

These medications may be given from\_\_\_\_\_ to \_\_\_\_\_.

PARENT / GUARDIAN

SIGNATURE\_\_\_\_\_

PRINT NAME\_\_\_\_\_

DATE\_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

P.S. Inhalers and Epi-pens may be carried by the individual scouts for self-administration.