



# BSA Troop 800

## Prescription & Non Prescription Medication Information Form

Scouts Name: \_\_\_\_\_ Patrol: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medication / Schedule _____
Reason for medication _____
Duration _____
Dosage: _____ (Specify Breakfast, Lunch, Dinner, Evening or Other)
Side effects: _____ (Specify Reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc...)
Special storage instructions _____ _____

Medication / Schedule _____
Reason for medication _____
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Dosage: _____ (Specify Breakfast, Lunch, Dinner, Evening or Other)
Side effects: _____ (Specify Reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc...)
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Special storage instructions _____ _____