

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.