



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 basis and will need them with her while in your care: Please indicate those also carried by the child.

Medication Name	Dose	Frequency	Time Administered/Taken
Special instructions:			

Medications I have already given my child today:

Medication Name	Dose	Frequency	Time Administered/Taken

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.

Medication Name	Dose	Frequency	Time Administered/Taken
Special instructions:			

Parent/caregiver signature: _____ Date: _____