

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** 4069 / **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 6/15/08 to 6/21/08.

PARENT / GUARDIAN SIGNATURE _____

PRINT NAME _____

DATE _____ CONTACT PHONE # _____

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