

**Troop 22 Scout Prescription Instructions**

<b>Scout Name:</b>	
<b>Parent/Guardian Name:</b>	<b>Best number to reach parent:</b>

**PLEASE NOTE: All Medications MUST be in original packaging with prescription/instructions visible (this includes over the counter products). Please place all product in a ziploc-type bag with Scouts name clearly printed on it. Include this instruction sheet regarding administration (dosages and time).**

Medication Name	Dosage Schedule	Reason for Medication	Day 1 Fri			Day 2 Sat			Day 3 Sun		
			M	A	E	M	A	E	M	A	E

**SM/ASM will check box each time medication is given.**

**Special Instruction/Notes**
