Troop 22 Scout Prescription Instructions

Scout Name:																							
Parent/Guardian Name:				Best number(s) to reach parent while Scout is at camp:																			
PLEASE NOTE: All Med Please place all produc																	r pro	duc	ts).				
riease place all produc	ts iii a zipioc-style i	rag with the Sco	ut 3 ma	ine c	carry	print	cu Oi	Ture	outsii	ac. 11	ciuuc	. (1113	3110	et III	tile i	Jag.							
Medication Name	Dosage Schedule	Reason for Medication	Day 1 Sun			Day 2 Mon			Day 3 Tue			Day 4 Wed			Day 5 Thu			Day 6 Fri			Day 7 Sat		
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