

### Camp Buck Run Medication Record

Please complete this form and present it at Check- In with any medication your child needs to take while at camp. PLEASE PRINT.

Name of Scout: \_\_\_\_\_ Pack Number: \_\_\_\_\_

Date attending camp: \_\_\_\_\_

Leader in Charge attending camp: \_\_\_\_\_

Medications to be taken at camp:

Type	How Often	Times	Procedure

Emergency Phone Number of Parent or Guardian: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Relevant Information?