

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?