

Citta Scout Reservation

Prescription Medication Information

Camper's Nam	e:			·	Troop Number:	Age:
Prescribing Do	ctor:			Doctor's Cont	tact Info	
Please fill out t	his prescriptio	n form whe	ether or no	t vour child has	s prescription medications	by signing either
				•	der for the Health Officer	
rescription m	edication. Med	dications M	IUST be in t	heir original pr	escription bottles and give	en as ordered on the
oottle. If your o	child requires a	a special tin	ne for medi	ication adminis	stration, please note it on	this form. If there ar
ny special me	dication requi	rements, pl	lease conta	ct the Camping	g Department prior to the	scout's arrival. The
Camp Office #	is 609-698-28	55 or the e	email addre	ss is camping	@jerseyshore-bsa.org.	
Please fill out t	he following ir	nformation	nlace a ch	eck next to the	appropriate administration	on time, and if any
	_		•	at information	• • •	on time, and it any
	· -	· ·	· -	1		1
Name of Medication	Breakfast	Lunch	Dinner	Before Bed	Special Time or Information	Medication Instructions
Medication					Illioilliation	Ilistructions
		I.	1			1
Option A: N	ly Child Has	Prescript	ion Medi	cations		
As parent or le	gal guardian o	f the above	e named ch	ild, I give the F	lealth Officer permission	to administer the
medications th	nat I have initia	led. I unde	rstand that	if I have NOT i	nitialed the item, the Hea	th Officer will not
oe able to adm	ninister any me	edications.				
Date:	Darent/Guard	ian Signatu	ıra.			
Date	r arenty Guard	ian Signatu				
			D:	bation Modic	ations	
Option B: N	ly Child Doe	s Not Hav	ve Prescri	ption weat	ations	
•	•			•	tions that must be taken.	
	ned camper do	es not hav	e any presc	•	tions that must be taken.	