



Citta Scout Reservation

Prescription Medication Information

Camper's Name: _____ Troop Number: _____ Age: _____

Prescribing Doctor: _____ Doctor's Contact Info _____

Please fill out this prescription form whether or not your child has prescription medications by signing either **OPTION A** or **OPTION B**. NOTE: This Form **MUST** be filled out in order for the Health Officer to dispense any prescription medication. Medications **MUST** be in their original prescription bottles and given as ordered on the bottle. If your child requires a special time for medication administration, please note it on this form. If there are any special medication requirements, please contact the Camping Department prior to the scout's arrival. The Camp Office # is **609-698-2855** or the email address is **camping@jerseyshore-bsa.org**.

Please fill out the following information, place a check next to the appropriate administration time, and if any special instructions are required, please provide that information as necessary.

Name of Medication	Breakfast	Lunch	Dinner	Before Bed	Special Time or Information	Medication Instructions

Option A: My Child Has Prescription Medications

As parent or legal guardian of the above named child, I give the Health Officer permission to administer the medications that I have initialed. I understand that if I have NOT initialed the item, the Health Officer will not be able to administer any medications.

Date: _____ Parent/Guardian Signature: _____

Option B: My Child Does Not Have Prescription Medications

The above named camper does not have any prescription medications that must be taken.

Parent/Guardian Signature: _____ Date: _____