



Scouts Canada Medication Form

Youth Name: _____

Group/Section: _____ Adventure Title (ie/Winter camp): _____ Dates: _____

Medication 1: _____ Dosage/Times: _____ **Medication 2:** _____ Dosage/Times: _____

Notes (Keep refrigerated, serve with food, etc): _____ Notes (Keep refrigerated, serve with food, etc): _____

Medication 3: _____ Dosage/Times: _____ **Medication 4:** _____ Dosage/Times: _____

Notes (Keep refrigerated, serve with food, etc): _____ Notes (Keep refrigerated, serve with food, etc): _____

I, _____, provide my consent for a Scouts Canada Scouter to dispense medications to my child following the directions I have provided above. Parent Signature: _____

| Medication Log | | | | TSR*—Two Scouter Rule applicable and second Scouter present for confirmation of process. | | |
|----------------|------|------------------------|-----------------|--|--------------|-------|
| DATE | TIME | MEDICATION(S) PROVIDED | ADMINISTERED BY | SIGNATURE | TSR* INITIAL | NOTES |
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Medication(s) Returned (Y/N): _____ Date: _____ Parent Signature: _____ Scouter Signature: _____