

## Prescription Medication Information Form

Unit #: \_\_\_\_\_ Council: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Medication / Strength:** \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

When was medication started?: \_\_\_\_\_ Temporary: \_\_\_\_ Permanent: \_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.):

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Special storage instructions:

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