

Camp Cherry Valley Medical Administration Form

Name of Scout: _____ Troop #: _____ Dates attending: _____

Medications to be administered: _____

In the schedule below, please mark when each medication is to be administered:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
After-noon							
Evening							
Bedtime							

If you have any medications that must be taken at a specific time or at a time that is not listed in the chart above, please note it: _____

Note: The Camp Health Officer will approve ways to disperse medication. Adult leaders are highly encouraged to keep a copy of this medical administration form and to be present during the administration of their Scouts' medications.