

**TROOP 243**  
**MEDICINE DISPENSATION FORM**

- List prescribed **and** over-the-counter medications (i.e. Tylenol, Triaminic Syrup, etc...) that your Scout may need to take on the overnight trip\
- List the dosages and frequency below.
- Put all medications and this form in a plastic, zip-lock baggie.

1	Name	
	Dosage	
	Frequency	
2	Name	
	Dosage	
	Frequency	
3	Name	
	Dosage	
	Frequency	
4	Name	
	Dosage	
	Frequency	
5	Name	
	Dosage	
	Frequency	

Other Special Instructions:
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I give permission to BSA Troop 243's representative(s) to give my child, \_\_\_\_\_, the above listed medications for the following event, \_\_\_\_\_.

Parent's Signature \_\_\_\_\_

Date

Parent's Printed Name: \_\_\_\_\_

