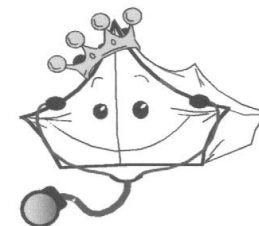


National Youth Leadership Training Conference



# Scout Medication Form

Please fill out the table below if your child will be taking medication while at National Youth Leadership Training. Present this completed form to our Medical Director at the time of Registration. The back portion of this form is for our use. Please remember to bring the medication in the original bottle.

Home Troop / Crew Number \_\_\_\_\_ Scout's Name \_\_\_\_\_ Blue Red Patrol # \_\_\_\_\_

	Medication	Dosage	Time of Day	Special Notes
1.				
2.				
3.				
4.				
5.				
6.				

*Please Print Clearly*

