

NYLT

Medication information

Scout's Name _____

_____ Check here if no Medications are required.
(Everyone must hand in this form at registration even if there are no medications required)

Please List all Medications and their dosage

Medication:	Dosage:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.								
noon								
p.m.								

Medication:	Dosage:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.								
noon								
p.m.								

Medication:	Dosage:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.								
noon								
p.m.								

Please put all medications in a Zip-Lock Bag with Scouts name printed on the bag.

Comments:
Please include anything the Scout has a reaction to.
(for example Sugar, Caffeine, Bee Stings, Etc...)

Parent Signature _____

Emergency Contact Information: (Please Print)

Parents Name: _____
Day Phone: _____
Cell Phone: _____
Night Phone: _____

Scout Master Name: _____
Scout Master Phone: _____
Scout Master Cell: _____
Assist. SM Name: _____
Assist. SM Phone: _____
Assist. SM Cell: _____

*PLEASE ADD ADDITIONAL SHEETS OR USE BACK OF SHEET IF NEEDED.