Prescription Medication Form

Scout Resident Camp
Custaloga Town Scout Reservation
2020
French Creek Council, Boy Scouts of America

Camper Name: ___________________________________ Unit: __________ Site: ________________

Parent Completes

Prescribing Physician: ___________________________ Rx Number: ________
Medication: __________________________________
Dosage Instructions: ___________________________
Comments: __________________________________

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Medication: __________________________________
Dosage Instructions: ___________________________
Comments: __________________________________

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Comments: __________________________________

Rx

Time Sun Mon Tue Wed Thu Fri Sat

Rx

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Rx

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Rx

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