Camp NoBeBoSco Northern New Jersey Council - Boy Scouts of America

Authorization to Medicate

I hereby authorize the Camp Health Officer of Camp NoBeBoSco or his designee to administer to my son _______ of Troop/Crew ______ the following medication(s) according to the instructions provided below. Please note that the instructions on the container of the medication will, by law, be followed unless authorization to alter those instructions is provided by your son's physician. I acknowledge that it is my son's responsibility to report to the Health Office for medication at the appointed time(s).

Name of Medication	Dose	Time to be Administered (C		istered (Check all that apply)
		□ After Breakfast		
			After Lunch	
			After Dinner	
			Before Bed	Other:
			As Needed	
Name of Medication	Dose	Time to be Administered (Check all that apply)		
			After Breakfas	t
			After Lunch	
			After Dinner	
			Before Bed	Other:
			As Needed	
Name of Medication	Dose	Time to be Administered (Check all that apply)		
			After Breakfas	t
			After Lunch	
			After Dinner	
			Before Bed	Other:
			As Needed	
Name of Medication	Dose	Time to be Administered (Check all that apply)		
		After Breakfast		
			After Lunch	
			After Dinner	
			Before Bed	Other:
			As Needed	
Name of Medication	Dose	Time to be Administered (Check all that apply)		
			After Breakfas	t
			After Lunch	
			After Dinner	
			Before Bed	Other:
			As Needed	
Please provide any addition	onal instruction	ns below	•	

Signature of Responsible Party

Date