

Prescription Medication Dosing Instructions

Name of Scout:

Name and contact number of parents (in the event of a question):

Instructions:

Each scout that is taking prescription medicines should have their own form.

The form should be filled out by a parent.

Please list each prescription medication that the scout is receiving separately.

Medication Name and Frequency of administration listed on the bottle.		Medications given around Breakfast	Medications given around Lunch	Medications given around Dinner	Medications given at Bedtime
List each medication separately. Please print clearly.		(7-8 AM)	(12-1 PM)	(6 PM)	
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

Note: If a scout is receiving more than three medications, please use another form.