

# Camp Merz Prescription Medication Form

Scout: \_\_\_\_\_

Troop: \_\_\_\_\_ Site: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Dosage Instructions: \_\_\_\_\_  
 Route: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 Prescribing Physician: \_\_\_\_\_

**Camp Use Only**

Time	Mon	Tue	Wed	Thu	Fri

Medication: \_\_\_\_\_  
 Dosage Instructions: \_\_\_\_\_  
 Route: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 Prescribing Physician: \_\_\_\_\_

Time	Mon	Tue	Wed	Thu	Fri

Medication: \_\_\_\_\_  
 Dosage Instructions: \_\_\_\_\_  
 Route: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 Prescribing Physician: \_\_\_\_\_

Time	Mon	Tue	Wed	Thu	Fri

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_ of \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_