

**Camp Medication Authorization Form** (copy as needed)

**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 (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 Breakfast  
 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 Breakfast  
 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                      \_\_\_\_\_

Please provide any additional instructions below:

\_\_\_\_\_

\_\_\_\_\_