

National Youth Leadership Training Conference



Scout Medication Form

Please fill out the table below if your child will be taking medication while at National Youth Leadership Training. Present this completed form to our Medical Director at the time of Registration. The back portion of this form is for our use. Please remember to bring the medication in the original bottle.

	Home Troop / Crew Number	Cooutle	s Name	Blue	Red	Patrol #	
	nome froop / Crew Number	Scours					
	Medication	Dosage	Time of Day		Specia	al Notes	
1.							
2.							
3.							
4.							
5.							
6							

Please Print Clearly

 THIS SIDE IS FOR NYLT USE ONLY	
 THIS SIDE IS FOR NYLT USE ONLY	

Date	Time	Dose	MD Initials	Scout's Initials	Date	Time	Dose	MD Initials	Scout's Initials