



Dear Unit Leader,

Concerns have been expressed about the Health Check-in process at Camp Long Lake summer camp. This letter offers suggestions to help your unit avoid delays and arrive well prepared.

Attached are two forms (BSA Health/Medical Record and Medication Card) highlighted where signatures and dates need to be placed. Here are suggestions:

1. Each adult and boy attending Camp Long Lake Boy Scout Summer Camp will need to bring along a completely filled out current health form. He may not use last year's form. Health forms are easily accessed at the PAC website Health and Safety corner. All signature lines must be filled in appropriately and dated within a year of arrival at camp. On the attached forms, I have highlighted where each signature line is located. Make sure that health form vaccination data is as complete as possible. Furthermore, a copy of both sides of the individual's insurance card must be attached.
2. Each medication the boy will be using at camp needs to be listed on the attached Potawatomi Area Council Medication Card along with the dose and frequency of administration (also listed on the BSA Health/Medical record). There must be a parental/guardian signature on the card. Attached is a sample card with location of required fields highlighted.
3. Finally, on presentation at the Sunday health check, each boy should have his medications in an appropriately labeled bottle (the prescription bottle is best). All the medication bottles should be placed together in a zip-loc baggie with the boy's name written on the baggie in indelible ink. This will help the unit leader organize medication distribution. We suggest you collect and check all medications prior top arrival at camp.

Remember:

Signatures

Dates

Insurance card – both sides copied

Labeled and bagged medications

It may help to have a troop leader (not necessarily the leader attending camp) collect and review the health and med forms a week before arrival at camp so omissions or errors can be corrected. Be Prepared!! It will make your experience more enjoyable.



**Boy Scouts of America
Potawatomi Area Council**

MEDICATION CARD

Scout's Name _____ **Parent/Guardian Signature** _____
 Address _____
 City _____ ST _____ Zip Code _____ Troop No. _____
 Home Phone _____ Work/Parent Cell _____
 Drug Allergies (Hypersensitivity) _____

The listed physician agrees to be available for direct communication from the person dispensing or administering the medication(s) listed in the drug administration card below. Specific conditions under which the physician should be contacted regarding the condition or reactions of the Scout receiving the medication(s) are:

Physician's Name _____
 Address _____
 City _____ ST _____ Zip _____
 Phone Numbers _____

This card must be completed by the parent/guardian. The card must be brought to camp with any medication. No medicine container will be accepted at camp unless it is in the container dispensed by the pharmacist and the name of the patient, personal physician's name, prescription number, date dispensed, name of the medicine and directions for use are on the container.

ROUTINE DRUG ADMINISTRATION RECORD

(Please initial, and fill in the date and time whenever medication is administered.)

Scout's Name _____ Troop No. _____

Medication _____
 Dosage _____ Route _____
 Frequency e.g., Daily, 2x/Day, etc. _____
 Purpose of Medication _____

MED TIME	SUN	MON	TU	W	TH	F	SAT

Medication _____
 Dosage _____ Route _____
 Frequency e.g., Daily, 2x/Day, etc. _____
 Purpose of Medication _____

MED TIME	SUN	MON	TU	W	TH	F	SAT

Medication _____
 Dosage _____ Route _____
 Frequency e.g., Daily, 2x/Day, etc. _____
 Purpose of Medication _____

MED TIME	SUN	MON	TU	W	TH	F	SAT

FULL NAME OF PERSON(S) ADMINISTERING MEDICATION

Name _____ Position _____
 Signature _____ Initial _____
 Name _____ Position _____
 Signature _____ Initial _____