

Boy Scouts  
Troop 51  
Clinton Valley Council

**REQUEST FOR DISPENSING MEDICATION**  
(To be completed by Parent or Guardian)

I do hereby request that authorized Troop 51 personnel may dispense to my child, \_\_\_\_\_, the medication that I have provided as directed below in accordance to the instruction on the label or doctor's written orders.

Dates of trip: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times: \_\_\_\_\_

Date	Times	Amount	Initials

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times: \_\_\_\_\_

Date	Times	Amount	Initials

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_