

Medication Details

Scout Name _____

Scout Event _____

Dates _____

Medication 1 _____

Are there indications for administering the medication? Yes No
What? _____

Is the medication to be administered on a fixed schedule? Yes No
When? _____

Are there side effects to watch for? Yes No
What? _____

Action _____

Will the scout be responsible for requesting the medication? Yes No

Medication 2 _____

Are there indications for administering the medication? Yes No
What? _____

Is the medication to be administered on a fixed schedule? Yes No
When? _____

Are there side effects to watch for? Yes No
What? _____

Action _____

Will the scout be responsible for requesting the medication? Yes No

Medication 3 _____

Are there indications for administering the medication? Yes No
What? _____

Is the medication to be administered on a fixed schedule? Yes No
When? _____

Are there side effects to watch for? Yes No
What? _____

Action _____

Will the scout be responsible for requesting the medication? Yes No

