



Blue Ridge Mountains  
Scout Reservation

# ADMINISTRATION

## AS NEEDED MEDICATION FORM

### AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

City/State: \_\_\_\_\_

Medication: \_\_\_\_\_

Proper dosage is: \_\_\_\_\_ every: \_\_\_\_\_

Distribute as needed for: \_\_\_\_\_

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**PROGRAM:** Powhatan Ottari Claytor Fish Camp  
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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