



Contract to Carry/Self Administer Medication

This contract is intended for Scouts diagnosed with asthma, anaphylaxis, severe allergies, and/or other life-threatening conditions and is in effect while the Scout is at camp.

Scout Name: _____ **Date of Birth:** _____

Camp: _____ **Medication:** _____

Purpose of Medication: _____

Scouts:

- I agree to keep my medication with me while at camp and use it in a responsible manner.
- I will notify Camp Staff when I use my medication.
- I will notify Camp Medical Staff immediately if my condition for which I am prescribed my medication presents any unusual difficulty or symptoms.
- I will not allow any other Scout to administer or use my medication.
- I understand that if I fail to comply with this contract, my privilege to carry and self-administer the medication may be withdrawn.

Scout Signature: _____ **Date:** _____

Parent or Guardian

- I assure that my child will carry his/her medication as prescribed, that the medication will be appropriately labeled by a pharmacist or healthcare provider and that the medication has not expired.
- I will assure that back-up medication is provided to the Camp Medical Staff for emergencies.

Parent Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____

Camp Medical Staff

- I will assure that the child can demonstrate the correct technique for self-administering medication.
- I will assure the student has an understanding of the proper time and dosages for self-administering the medication.
- I agree that the appropriate Camp Staff will be notified of the child's condition and that they are carrying medication.

Medic Signature: _____ **Date:** _____

