

The state of Michigan and the Boy Scouts of America have strict guidelines on the dispensing of medication. The following must be followed without any exceptions. Not following these instructions can lead to a Scout or adult not receiving their medications or being sent home.

#### **STORAGE OF MEDICATION**

All medications – prescription or non-prescription – will be kept by the unit under lock and key – unless medically contraindicated.

Your unit will be provided a lock-box with a medication log for this purpose at check-in.

Whenever a medication is administered to anybody, document it in the medication log.

When not being administered the medications will be kept locked in the lock box.

Any medications required by an individual to treat potentially life-threatening events (e.g., epinephrine, heart medications or inhalers) may be carried in limited quantities on the person having that need.

#### **PRESCRIPTION MEDICATIONS**

All prescription medication **MUST BE IN ORIGINAL CONTAINERS** and will be given as prescribed on the container.

Any changes to the prescribed dosage must have a note from the **PRESCRIBING PHYSICIAN** on prescription pad or office stationary stating the new dosage. **NO** medication can be dispensed if the above conditions are not satisfied.

All prescription drugs to be administered should be listed in Part B of the individual's BSA Health & Medical Record. This section should be signed by a parent/guardian if the individual is under the age of eighteen (18).

#### **Over the Counter Drug Administration**

All over the counter medications must be in original containers.

A minor may not be giving an over the counter drug unless a signed note from a parent or guardian stating that the medication can be dispensed to the Scout – including dosage amount and frequency – is on file with the health officer. The unit should maintain a copy of this note.

Unit leaders are permitted to administer over the counter drugs to Scouts ONLY if this form has been completed and signed by the individual Scout’s parent or legal guardian.

I, the undersigned hereby give permission to the adult leaders named here,

_____	_____	_____
[NAME]	[NAME]	[NAME]

to administer the following over-the-counter medications

_____	_____	_____
[MEDICATION]	[MEDICATION]	[MEDICATION]
_____	_____	_____
[MEDICATION]	[MEDICATION]	[MEDICATION]

to my son \_\_\_\_\_ for the time period of \_\_\_\_\_ to \_\_\_\_\_  
[SCOUT’S NAME] [START DATE] [END DATE]

Recommended dosages, as they appear on the bottle, will be used, and all medication administered will be recorded in the unit health log provided by D-bar-A Scout Ranch. This health log will be filed at D-bar-A Scout Ranch at the conclusion of the aforementioned time period.

_____	_____	_____
[PARENT/GUARDIAN NAME]	[PARENT/GUARDIAN SIGNATURE]	[DATE]