

MEDICAL RESPONSIBILITY FORM

For Resident Camps and Council Activities



BOY SCOUTS OF AMERICA
Stonewall Jackson Area Council

Taking prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. *Guide to Safe Scouting, Sec V*

Please check all that will apply:

I will take the responsibility for dispensing routine medications for

my unit, or

List Scouts(s)

I will give the right Scout the right medication at the right time in the right dosage in the right manner.

I will maintain controlled access to the medications for the safety of all my Scouts by containing them in an appropriate, locked container.

I will **not** store medications in a locked vehicle.

I understand that the only exceptions to the above rules are emergency medications, including, but not limited to asthma inhalers or EpiPens.

I have not been directed by the Stonewall Jackson Area Council or any of its agents or representatives to assume the above responsibility, but have voluntarily assumed this responsibility for the convenience of my unit(s) or the above listed individuals. I understand and agree that neither the Stonewall Jackson Area Council nor its agents or camp staff have any responsibility to dispense routine medications to any Scouts in my unit(s). _____(Initial)

Unit # _____ Campsite _____ Week # _____ Date _____

Adult Accepting Responsibility (please print) _____

Signature _____

Camp Health Lodge Representative _____

Turn in this form at Medical Recheck on Sunday. It will be retained in the Health Lodge with your ed Forms.