



## Troop 49 – Summer Camp 2016

### Medications Policy and Procedures

ALL Summer Camp Parents,

**This notice applies to EVERY Summer Camper – even those NOT taking regular medication at camp.**

The Boy Scouts of America has a medications policy and has encouraged Troops to formulate a policy reflective of the BSA policy. The idea behind such a Troop medication policy is to provide an expectation for Parents and an understanding as regards liability for the Troop and volunteers who must carry out that policy.

Camp Easton Summer Camp will be delegating medication duties to the Unit Leaders and not the Health Lodge staff. This was also the policy at the last few camps we attended.

The BSA policy is as follows:

***"The taking of 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 BSA does not mandate or necessarily encourage the leader to do so." - Guide to Safe Scouting***

In line with this policy, the Troop has adopted the following policy for Summer Camp:

*The policy of Troop 49 at Summer Camp is: A Troop Adult may volunteer to **MONITOR** the Scout's taking of medication. Should the Scout's parents request in writing, one or more Troop 49 adult volunteer(s) will make a good faith effort to **MONITOR** the Scout's taking of such medication(s). If the adult volunteer(s) is not available, another willing adult leader (not any adult) may assume his/her duties.*

*The only exception to dispensing medication as described is medication that may be needed for immediate and potentially lifesaving use (e.g., epi pens, inhalers), that may remain with your son. If he uses this medication, he should immediately inform the designated adult in charge of medication, or if he is not available, another adult leader.*

So, this begs the question, "What does *monitor* mean?" For the purpose of this and any other description of the Troop 49 policy, monitor shall mean that the volunteer(s) or his/her substitute volunteer, shall provide an opportunity for the Scout to take the prescribed medication as close to the scheduled time as possible under the present circumstances (camp schedule, Scouts and volunteers availability, etc.), provide the medication to the Scout, and observe the Scout taking the medication, to the best of their ability. The volunteer nor Troop 49 may be held liable for the failure of the Scout to take the medication as prescribed.

In accordance with these policies, as well as those of Camp Easton, we have developed the following “INSTRUCTIONS FOR PROVIDING MEDICATIONS.”

- Following the Troop 49 policy, parents should provide their son’s prescription and non-prescription medication he is currently taking, or may need to take if a known condition arises (e.g., allergies develop give Claritin, bee sting requires epi pen).
- Complete the Troop 49 Medication form (attached) providing the requested information for prescription and non-prescription medication he is currently taking, or may need to take if a known condition arises (e.g., allergies develop take Claritin, bee sting requires epi pen). Immediate use and potentially lifesaving medications (e.g., epi injector pen, inhalers) should also be listed.
- A parent or camper should give the completed Troop Medication Form with the medication packaged properly as indicated below to the volunteer adult in charge of medication when assembling to leave for Summer Camp. In an emergency, contact the Scoutmaster at camp.
- All prescription medicines must be Physician authorized.
- Any non-prescription medicine should be acceptable for use with any prescription medication the Scout is taking, and vice versa. You may want to check with the prescribing physician or a pharmacist. Consider if you need to change the *Authorization for Non-Prescription Medications* which is located on the Part B medical form.

**PLEASE package the medicine properly**

- All prescription medications must be packaged in its original container with label affixed containing Scout’s name, medicine name, correct dosage, date of prescription (must be current), and physicians name and physicians phone number.
- All non-prescription medicine must also be in an original container with label.
- Only include sufficient medicine for the duration of the trip or activity (the troop will not be responsible for any excess medication that is lost, damaged, or becomes inactive).
- Place the medicine in one zip-lock bag with the “Scout’s name, Troop 49 Lynnwood, WA, Camp Dates July 3 through 9,” written clearly in water proof marker. Any controlled substance must be placed in a separate bag, similarly labeled and in addition “Controlled Substance.” These controlled medications will be administered at the Health Lodge.
- Immediate use and potentially lifesaving medications (e.g., epi pens, inhalers), should not be turned in and may remain with your son. It is recommended that you provide duplicate potentially lifesaving medication packaged as described above to the volunteer adult in charge of medication in the event your son loses his medication.

**Even if your Scout does NOT take any regularly scheduled medications, you must fill out these forms.**

**NOTE:** *In the case of emergency, the Camp Easton Health Lodge (which is staffed by EMTs, other medical professionals, and occasionally by doctors or doctors on call) may provide additional care or treatment. Such treatment may include medications not listed on the Troop’s form, as required for your Scout. In such cases the instructions you provide will be reviewed and considered as part of such treatment. In an emergency, your authorization for a Registered Troop Adult to make decisions regarding medical care will apply in such cases when or if a parent cannot be reached.*

Thank you,

Troop 49

## Q & A

- ***Will the new medication form supersede the medications listing Part B of the Medical Form?***

NO! You must still fill out these forms with all medications taken by your Scout and any other information requested on the form. The additional form will be used as an aid to the unit leader to track when your son receives his medication.

- ***What if I do not authorize the use of non-prescription medication on the Part B form?***

Please be specific if there are certain OTC prescriptions your son should not take. For example, if your son has a sunburn or insect bite, Troop adult volunteers will not be able to give him anything for it unless authorized to do so on the part B medical form. Where possible, he may be taken to the Camp Health Lodge for treatment. However, Sometimes, we are out of communication range, or even though within range, are unable to reach a parent. So, that means that needed medication could be delayed or prevented altogether, prolonging discomfort for your son. In some cases, as with bite toxin neutralizers, prompt administration is essential for the medication to have effect.

Your other Medical Forms and Releases for your Scout provide for Emergency authorization, through a Registered Troop Adult, for a medical professional, if available, to provide these or other medications or treatment as required, unless you provide specific instructions to the contrary.

- ***Are vitamins included in this discussion? Are we saying that no Boy Scout is to ever self-administer an over the counter medication? Example, my son gets motion sickness sometimes. I give him some Dramamine to take along and self-administer if he feels it necessary.***

ALL medications are included in this policy. So, if your Scout may require travel medications we encourage you to have him take these before departure and place in his medications bag (they will be available to him on the trip). These will be returned to him for the trip home.

- ***Do we need to pack ALL the non-prescription medications he MAY have to take?***

Only those that he takes regularly or takes for KNOWN CONDITIONS need to be packed. Non-prescription medications will be available in our campsite or at the Health Lodge at Summer Camp. These generally include: Tylenol, Benadryl, Antacids (ie Tums), Motion sickness remedies (ie. Dramamine), Topical first aid products such as Neosporin, burn cream, alcohol cleaning wipes, hydrocortisone, and AfterBite (topical insect bite neutralizer)).

- ***How do you know my son really needs medication?***

Sometimes we don't know for sure. From time to time, boys will report both real and imaginary ailments. Sometime, the real problem is homesickness. Sometimes, there are other causes. For example, headaches can be the result of dehydration or sunburns. While we will seek to determine and address the source of the symptoms, most of us are not doctors or mind readers and must rely on our first aid training, experience and judgment. If a boy reports a headache and you have authorized acetaminophen, we may give him a dose, even if we are unable to objectively verify he has a headache or determine a potential cause, to see if that solves the problem. If it does not and significant complaints persist, we will call a parent or contact a health care professional.

- ***What if my son is really sick or hurt?***

Expect a call. If a boy has a fever, vomiting or other significant symptoms or injuries, we will call a parent and/or seek appropriate professional medical care in accordance with the other medical authorizations you have executed. Again, this form is only for routine prescription or OTC medications.

- ***What if I still have questions?*** Ask the Scoutmaster.

# MEDICATION AUTHORIZATION AND INFORMATION FORM

TROOP 49 LYNNWOOD, WA CAMP EASTON JULY 3-9, 2016

NAME OF SCOUT (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Please indicate if your Scout has any **known Medication Allergy(s)** and reactions:

No  Yes, please explain \_\_\_\_\_

Does your Scout have any **known Food or other Substance Allergy(s)** and reactions:

No  Yes, please explain \_\_\_\_\_

**Please note: Per BSA Policy, The taking of (1) prescription medication and (2) non-prescription medication (OTC) is the responsibility of the Scout and his parents. A Troop Adult may volunteer to **monitor** the Scout's taking of medication. Should the Scout's parents request in writing, below, one or more Troop 49 adult volunteer(s) will make a good faith effort to **monitor** the Scout's taking of such medications.**

**Please check only one of the choices below:**

My Scout TAKES NO MEDICATIONS OF ANY KIND ON A DAILY, AS NEEDED OR REGULARLY SCHEDULED BASIS, AND I WILL NOT BE SENDING ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS FOR MY SCOUT WITH HIM TO CAMP.

PLEASE **MONITOR\*** THE ADMINISTRATION OF THE MEDICATIONS LISTED ON THIS FORM.

If the below-signed Scout parents wish, one or more Troop 49 adult volunteer(s) will MONITOR the Scout's taking of prescription and non-prescription medications provided to the Troop by the Scout upon departure for Camp. One or more adult volunteer(s) will keep the medications in his/her possession (or in a controlled environment appropriate to the medication involved) and make good faith efforts to **monitor** the Scout's taking of such medications in accordance with the information attached. Adult volunteer(s) of Troop 49 have our permission to MONITOR our son's taking of the following prescription drugs and/or non-prescription medication (OTC).

\* For the purpose of this and any other description of the T49 policy, *monitor* shall mean that the volunteer(s) or his/her substitute volunteer, shall provide an opportunity for the Scout to take the prescribed medication as close to the scheduled time as possible under the present circumstances (camp schedule, Scouts and volunteers availability, etc.), provide the medication to the Scout, and observe the Scout taking the medication, to the best of their ability. The volunteer nor Troop 49 may be held liable for the failure of the Scout to take the medication as prescribed.

**Such medication must be provided to the Troop at departure for Camp, DO NOT PACK!**

These Medications must be provided by the Parent or Scout in a gallon-sized Ziploc® or similar bag, with the Scouts NAME, TROOP 49 LYNNWOOD, WA, and the Dates of Camp, JULY 3th through 9th, and in the **ORIGINAL PRESCRIPTION or OTC BOTTLES. RX LABEL MUST CONTAIN THE FOLLOWING** (Pharmacy can prepare a bottle specifically for Camp):

- The Campers' Name
- Doctor's Name and Phone Number
- Date of Prescription (must be current)
- Correct Dosage

Parent 1 (or guardian): \_\_\_\_\_  
(Print Name) (Signature) (Date)  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2(or guardian): \_\_\_\_\_  
(Print Name) (Signature) (Date)  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medication Listing Page** \_\_\_\_\_ of \_\_\_\_\_

Name of Scout \_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

List ALL daily, as needed or regularly scheduled medications being supplied by the parent(s) and being brought with the Scout to camp:

*All medications currently taken by the Scout must be listed on this form (and on the BSA Annual Health and Medical Record). Nasal inhalers and Epi-pens used for emergency or on an as needed basis must be listed if they are being brought to camp.*

MEDICATION \_\_\_\_\_ Rx? [Y] [N]

Strength/Dosage \_\_\_\_\_

When administered? [ ] Daily\* [ ] As needed [ ] Other\*

**\*Indicate schedule on table to right with "X" in boxes**

Reason for taking Med? \_\_\_\_\_

Side Effects? \_\_\_\_\_

Special instructions \_\_\_\_\_

Does this medication require [ ] Refrigeration [ ] Special handling

If so, explain needs: \_\_\_\_\_

Is this a **Controlled substance**? [ ] Yes [ ] No

MEDICATION \_\_\_\_\_ Rx? [Y] [N]

Strength/Dosage \_\_\_\_\_

When administered? [ ] Daily\* [ ] As needed [ ] Other\*

**\*Indicate schedule on table to right with "X" in boxes**

Reason for taking Med? \_\_\_\_\_

Side Effects? \_\_\_\_\_

Special instructions \_\_\_\_\_

Does this medication require [ ] Refrigeration [ ] Special handling

If so, explain needs: \_\_\_\_\_

Is this a **Controlled substance**? [ ] Yes [ ] No

If Necessary Please indicate: Before (B) or After (A) meal.	MEDICATION TO BE GIVEN			
	Around Breakfast 7 to 8 am	Around Lunch 12 to 1 pm	Around Dinner 6 pm	Bedtime
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**If a Scout is receiving more than two medications, use an additional form.**