

Name of Scout/Scouter: _____ Unit Number: _____

Individual Scout/Scouter Medication Waiver

Camp Geiger

The completion of this waiver will allow for an individual's medications to be stored outside of Camp Geiger's Health Lodge Facility provided that the following guidelines are met. It is the duty of the responsible party(s) to ensure that all the guidelines are followed through the entirety of the camping session. Camp Geiger and the staff will not be responsible for any problems related to this arrangement.

Requirements for troop storage of medication include, but are not limited to the following requirements:

- Secure LOCKED storage container with access restricted to responsible parties only.
- Medications stored and administered as per manufacturer's and physician's guidelines.
- Responsible parties must keep a medication log of dates and times that medications were taken.
- Medication logs must be accessible to Health Lodge staff upon request.
- Medication must be accessible to Health Lodge staff in the event of an emergency.
- **All sharps must be properly disposed of at the Health Lodge.**

Medications requiring refrigeration or other special storage requirements must still be stored in the Health Lodge.

Responsible Person(s): _____

Signature of Responsible Person: _____

Date: ____/____/20____

THIS FORM MUST BE ON RECORD AND ATTACHED TO THE
SCOUT/SCOUTER'S PHYSICAL AT THE TIME OF CHECK IN AND BEFORE
MEDICATIONS MAY BE STORED OUTSIDE OF HEALTH LODGE.