

Troop 259 Plano, Texas

Scout's Name _____ **Patrol** _____

Name of Medication _____

Strength of Medication (eg. 5 mg. or 500 mg/ml) _____

Time to be taken _____

Dosage (# of pills, puffs, tsp.) _____

Reason for Medication (eg., ear infection, asthma, ADD) _____

Side Effects of Medication _____

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