

Unit Health Officer Waiver Form

By signing below, I acknowledge that I am responsible for keeping my Troop's medications under safekeeping, as well as distributing said medications as noted by given instructions on the Prescription Medication Dosing Form. Gulf Stream Council and Tanah Keeta Scout Reservation is not liable for the administration of medications not in our possession.

I also agree to document all given doses of medicine on the attached form. I agree to keep this form in an easily accessible location. I understand that this form must be turned into the Tanah Keeta Health Officer on Saturday morning prior to departure.

Additionally, I acknowledge that I attended a medication consultation with the Health Officers on staff.

I also agree to keep medication under lock and key as described in the the Administration Guide except for those specific medications that are to be carried by the individual (inhalers, EpiPens, etc)

I understand that Gulf Stream Council and Tanah Keeta Scout Reservation is not liable for any damages that arise from failing to comply with these instructions.

Print name _____ Date _____

Sign Name _____ Unit No. _____