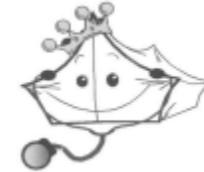




# National Youth Leadership Training



## SCOUT MEDICATION & TREATMENT FORM

Please fill out the table below if your child will be taking medication while at NYLT. If your child does not take medications, please enter "NA" on line one. Present this completed form at the Mandatory Parent & Scout Orientation Meeting. Please remember to bring the medication in the original bottle for course week.

Home Troop/Crew Nbr	Scouts Name	NYLT Usage Only	
		Red	Patrol #
		Green	

	Medication	Dosage	Time of Day	Special Notes
1				
2				
3				
4				
5				
6				
7				

*Please Print Clearly*

