



UNIT MEDICATION STORAGE RELEASE RECORD

Cradle of Liberty Council • Boy Scouts of America

Camp _____ Dates of Camp ____/____/____ to ____/____/____

Scouter Last Name		Scouter First Name		Middle Initial
Unit Type	Unit Number	Date of Birth	Campsite	

Camp policy provides that, unless specifically authorized by the Camp Health Officer, all medications must be stored at the Camp Health Lodge. This form may be used to authorize an entire Unit to keep the personal medications (prescription and “over the counter”) for its members with the Unit during Camp provided the adult leaders accept the responsibility for storing them securely and affirm that they have informed all parents of youth in their Unit of the risks of storing them outside the Camp Health Lodge. It also serves as a hold harmless agreement releasing the Council from any liability associated with a Unit’s decision to store personal medications in a location other than the Camp Health Lodge. ***Please read and initial each bullet.***

INITIAL

- _____ I/we certify that all of the medications (prescription and “over the counter”) that our Unit is bringing to Camp are listed in **Part B** of our **Annual Health and Medical Records**.
- _____ I/we certify that we have discussed this decision with the parents/guardians of the Scouts in our Unit, and members of the Troop Committee, and have their approval.
- _____ I/we understand that storage of our medications (both prescription and “over the counter”) **outside** of the Camp Health Lodge carries the following risks:
 - Destruction or alteration of medication efficacy by natural elements (temperature, moisture, light)
 - Loss
 - Theft
 - Potential for abuse, through loss or theft, of my medications by those for whom they are not intended
- _____ I/we affirm that we have informed each parent/guardian of Scouts from our Unit who are attending Camp of the above-listed risks.
- _____ I/we voluntarily choose to store our unit’s own medications outside the Camp Health Lodge and in doing so agree to the following:
 - **Except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with us secured and in our direct custody at all times, we will keep all other medications in a locked container in our campsite at all times, except for when we have direct custody and oversight of the container while accessing and taking our medications.**
- _____ • I/we certify that I/we am/are the only person(s) other than the Camp Health Officer with a key or combination to the locked container.
- _____ • I/we will immediately inform the Camp Health Officer and the Camp Director in the event of loss or theft of the container or any of its contents.
- _____ • I/we assume full responsibility for the proper storage, security, and oversight of administration of the medication to the individuals in our unit and release the Boy Scouts of America, the Cradle of Liberty Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with my/our camping experience from any and all claims or liability arising out of, or associated with, my/our unit’s storage of our unit’s medications in a location other than the Camp Health Lodge.

I have read and understand all of the above and will abide by the practices I have affirmed above.

_____ Signature	_____ Date	_____ Signature/Camp Health Officer	_____ Date
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FOR CANCELLATION OF REQUEST

We are aware, that at any time, we may change our minds and cancel this record. To do so, we must:

- _____ • Return our copy of this form to the Camp Health Lodge and sign the cancellation portion of it,
- _____ • Bring all of our medications to the Camp Health Lodge, and
- _____ • Return all copies of the Cradle of Liberty Council “Drug Administration Record”
- _____ • I/we have changed our minds and would like to cancel this request. I/we certify that, except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with us secured and in our direct custody at all times, all other medications of ours (prescription and “over the counter”) are now in storage at the Camp Health Lodge, where they will remain for the rest of our time at Camp.
- _____ • I/we acknowledge that we will now have access to our medications only in accordance with the Camp’s normal policies and practices.

_____ Signature	_____ Date	_____ Signature/Camp Health Officer	_____ Date
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