



This form may be used for ADULT CAMPERS (AGE 18 AND OLDER) ONLY
ADULT 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 adult Scouters (18 years and older) to keep their personal medications (prescription and “over the counter”) with them during camp provided they accept the responsibilities for storing them securely and affirm that they have been informed 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 Scouter’s decision to store personal medications in a location other than the Camp Health Lodge. ***Please read and initial each bullet.***

INITIAL

- _____ I certify that I am age 18 years or older.

- _____ I certify that **all** of the medications (prescription and “over the counter”) that I am bringing to camp are listed in **Part B** of my **Annual Health and Medical Record**.

- _____ I understand that storage of my 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 voluntarily choose to store my own medications outside the Camp Health Lodge and in doing so I agree to the following:
 - **Except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with me secured and in my direct custody at all times, I will keep all other medications of mine in a locked container in my campsite at all times, except for when I have direct custody and oversight of the container while accessing and taking my medications.**
 - I certify that I am the only person other than the Camp Health Officer with a key or combination to the locked container.
 - I 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 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 camping experience from any and all claims or liability arising out of, or associated with, my storage of my medications in a location other than the Camp Health Lodge.

- _____ I am aware, that at any time, I may change my mind and cancel this record. To do so, I must:
 - Return my copy of this form to the Camp Health Lodge and sign the cancellation portion of it,
 - Bring all of my medications to the Camp Health Lodge, and
 - Complete a Cradle of Liberty Council “Drug Administration Record”

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

- I have changed my mind and would like to cancel this request. I certify that, except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with me secured and in my direct custody at all times, all other medications of mine (prescription and “over the counter”) are now in storage at the Camp Health Lodge, where they will remain for the rest of my time at camp.
- I acknowledge that I will now have access to my medications only in accordance with the camp’s normal policies and practices.

Signature	Date	Signature/Camp Health Officer	Date
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