

CJ'13 Registration No.

Canadian Jamboree 2013



MEDICATION LIST

MEMBER NAME:		SCOUTS CANADA MEMBERSHIP NUMBER:	PHONE:
ADDRESS:		CITY:	
PROVINCE:	COUNTRY:	POSTAL CODE:	
PARENT/GUARDIAN NAME (if under 19):		E-MAIL:	

- This page is to be filled in and emailed to cj13MedForm@shaw.ca **no earlier** than one month before the Jamboree.
- Please give **two copies** to your Subcamp Administrator on arrival at the Jamboree and **keep one** in your file.
- It is the responsibility of the *Individual* to bring all medications to camp with them.

DAILY MEDICATIONS					
NAME OF MEDICATION	DOSAGE	TIME(S) TAKEN DAILY	ADMINISTERED BY:		
			SELF	SCOUTER	MEDICAL STAFF

AS-NEEDED MEDICATIONS					
NAME OF MEDICATION	DOSAGE	TAKEN FOR	ADMINISTERED BY:		
			SELF	SCOUTER	MEDICAL STAFF

Prescribing Health Care Provider(s):

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____