



BSA Troop 480 Medication Policy and Procedures

Policy:

BSA Troop 480 is committed to the safety and wellbeing of the children engaged in BSA Scouts. The Scoutmaster or designated Assistant Scoutmaster will administer legally prescribed and legal parent or guardian approved and appropriate over-the-counter medications during scouting events at the direction of legal parents or guardians and their children's prescribing doctors.

Procedures:

I. Parent/Guardian Responsibilities:

- A. At least one week prior to scouting events, legal parents or guardians are to inform the Scoutmaster or designated Assistant Scoutmaster of the child's condition requiring the administration of medication(s), identify any expected desirable or undesirable side effects, identify any food or drink requirements to be taken before, during, and after medication administration, and are to identify any behavioral concerns and recommended behavioral interventions to be used to support the child's condition requiring medication(s) – See *BSA Troop 480 Behavioral and Differently Abled Policy and Procedures*.
- B. Medication(s) are to be stored in a pharmacy medication bottle(s) and labeled by a pharmacy, are to be prescribed to the child, and are to be dropped off and picked up by a legal parent or guardian at the designated drop off and pick up times for the child for scouting events. The legal parent or guardian is to provide the medication(s), within their bottle(s), to the Scoutmaster or designated Assistant Scoutmaster within a zip lock bag clearly labeled with the child's first and last name and with the parent's or guardian's telephone number.
- C. The legal parent or guardian is to print the BSA Troop 480 Medication Log form and complete the first left hand column, identifying the child's name, name of medication(s), time to be administered, dosage, pill count at drop off, and parent/guardian initials. The form should be placed within the zip lock bag with the child's medication(s).
- D. If a medication(s) requires refrigeration, the legal parent or guardian is to make special arrangements with the Scoutmaster or designated Assistant Scoutmaster at least one week prior to scouting events.

- E. To avoid pill counts after scouting events, the legal parent or guardian is to only provide the number of pills needed for each scouting event (additional labeled bottles can be secured through the child's pharmacy). Pill counts will be conducted when the legal parent or guardian provides the medication(s), within their bottle(s), to the Scoutmaster or designated Assistant Scoutmaster prior to scouting events. Should the legal parent or guardian not provide the correct number of pills needed for a scouting event, the legal parent or guardian will be responsible for delivering the correct number of pills during the scouting event prior to the directed medication administration dates and times.
- F. Should a child be provided over-the-counter medications to be administered during a scouting event, the legal parent or guardian will provide dated, signed, written instructions for days, times, and dosages of medication(s) to be administered. Should the legal parent's or guardian's instructions require that the child receive a dosage different from the recommended dosage and/or frequency listed on the over-the-counter medication(s), the legal parent or guardian will provide a dated, signed, written note from the treating doctor.
- G. At least one week prior to scouting events, legal parents or guardians are asked to inform the Scoutmaster or designated Assistant Scoutmaster of instances during which the child's medications are changed or discontinued and are to identify any behavioral concerns and recommended behavioral interventions to be used to support the child's condition requiring medication(s).

II. Scoutmaster or designated Assistant Scoutmaster Responsibilities: Medications are to be stored in a dry, locked place during scouting events. When administering medications, the following procedures will be followed:

- A. Pill counts will be conducted with the legal parent or guardian prior to each scouting event and the legal parent or guardian will signoff in acknowledgement of the pill counts.
- B. Medications are to be administered at the prescribed/directed days, times, and dosages.
- C. Medications are to be administered in compliance with the directed food or drink requirements.
- D. Undesirable side effects of the medication(s) are to be reported immediately to the legal parent or guardian and if necessary, to the treating doctor or pharmacy.

- E. Medication errors – missed, incorrect dosage, wrong medication, incorrect time and/or date, lack of directed food or drink during administration, etc. – are to be reported immediately to the legal parent or guardian and if necessary, to the treating doctor or pharmacy for further administration/medical follow-up instructions/interventions.
- F. Lost or damaged medications are to be reported immediately to the legal parent or guardian and an action plan will be developed/implemented to ensure that a medication error does not occur.
- G. When administering the medication(s) to a child, the Scoutmaster or designated Assistant Scoutmaster will:
 - 1. Read to the child the child's name on the bottle(s) to confirm the child's identity and to confirm the correct medication(s).
 - 2. Read to the child the name of the medication, dosage, and time that that medication(s) is to be administered.
 - 3. Visually observe the child taking the medication(s) (note: the child will not be given the medication(s) and allowed to take the medication(s) away from the visual supervision of the Scoutmaster or designated Assistant Scoutmaster).
 - 4. Document within the BSA Troop 480 Medication Log that the child was administered the medication(s) (note: the log will be completed at the time of the administration to avoid medication errors).
- H. If a child refuses to take medication(s) at the prescribed/directed days, times, and dosages, the legal parent or guardian and if necessary, the treating doctor or pharmacy are to be immediately notified for further administration/medical follow-up instructions/interventions.
- I. Return the medication bottle(s) to the legal parent or guardian at the end of scouting event.



BSA Troop 480 Medication Log

Section completed by Scoutmaster or designated Assistant Scoutmaster

Section completed by Parent/Guardian

Child's Name:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of medication: 1st Time to be administered: Dosage: 2nd Time to be administered (If applicable): Dosage: Pill count at drop off: _____ Initials of parent/guardian: _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____
Name of medication: 1st Time to be administered: Dosage: 2nd Time to be administered (If applicable): Dosage: Pill count at drop off: _____ Initials of parent/guardian: _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____	Date: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ <input type="checkbox"/> Administered <input type="checkbox"/> Error <input type="checkbox"/> Refused Initials of SM/ASC: _____ _____