Scouting America

New Hampshire — Medical

Medication Administration Officer Agreement

I, _____ hereby request appointment as a medication administration officer on the Griswold Scout Reservation medical staff. My qualification to administer medications to campers is:

- ☐ Medication Administration Course (attach diploma)
- ☐ License (MD, DO, APRN, PA, RN, EMT-P) (attach copy)

I agree that:

- This is an unpaid, volunteer position.
- I may resign at any time for any reason or for no reason at all.
- I serve at the pleasure of the Medical Director, and may be removed from the medical staff by the Medical Director, their designee, the Camp Nurse, or the Camp Director at any time for any reason or for no reason at all.
- When administering medications I will do so in accordance with the standards of my training (as above), the medical administration record, and the regulations of the Reservation and the medical staff.
- I will report to unit leadership and the medical staff any inability to comply with the above.
- I will never force an individual to take medications against their will.

_____ _____

Signature Date

STAFF USE ONLY

I have verified the individual's training or license as listed above and find them competent to administer medications.

_____ _____

Authorized Staff Signature Date

When all blanks above are fully and appropriately completed, this constitutes an order from the medical director to place the above individual on the medical staff for purposes of medical administration only.

Peter L. Row, MD, EMT-P, FACEP
Medical Director