

Troop 542 / 544 OTC— MEDICATION PERMISSION FORM



Scout's Name: _____

GUIDELINES:

1. No scout will be given any prescribed or over-the-counter (OTC) medication without prior, expressed written approval and specific instructions from the custodial parent/guardian.
2. No medication will be administered unless it is in the original container. All OTC medication that a scout has **MUST** be marked with the scout's name on the label. All prescription medications **MUST** have the scout's name on the label, as prescribed for the scout by a medical doctor.
3. All medications, with the exception of physician-identified emergency medications (example: bronchial inhaler, Epi-Pen, Nitroglycerin, etc.) must be placed in a sealed plastic zip-lock bag and will be taken from the Scout's possession and will remain in the possession of the adult leader in charge of the unit. Medications will be returned to the Scout at the end of the event.
4. Participants may keep over-the-counter insect repellent (non-aerosol), sunscreen, and anti-itch lotion/ointment that they bring in their possession. All other OTC medications must be secured with the adult unit leader.

TROOP-SUPPLIED MEDICATIONS:

A limited supply of certain medications may be available for use, however permission to use any of the below listed medications must be approved by custodial parent/guardian. **Please check the appropriate box to the left of each medication/application** in order for an Adult Leader to administer any of these to your Scout indicating your **permission to administer** or **NOT administer** each medication. Remember to include your Scout's personal dosage instructions should it differ from the recommended dosage on the label.

May Administer	Do Not Administer	Medication	Directions: How often and/or use (if differs from label)
		Acetaminophen (Tylenol) - 500mg	
		Ibuprofen (Advil/Motrin) - 200mg	
		Naproxen Sodium (Aleve) - 220mg	
		Aspirin - 325 mg	
		Cetirizine Hydrochloride (Zyrtec) - 10mg	
		Loratadine (Claritin) - 10mg	
		Diphenhydramine Hydrochloride (Benadryl) - 25mg	
		Fexofenadine Hydrochloride. (Allegra) 180 Mg	
		Bismuth Subsalicylate (Pepto Bismol) - 262mg	
		Loperamide (Imodium AD) - 2 mg	
		Magnesium Hydroxide (Milk of Magnesia) - 1200 mg	
		Calcium Carbonate (Tums) - 1000mg	
		Simethicone (Gas X) - 125 mg	
		Pepcid AC (Famotidine 10mg/Calc. Carb 800/Mag. Hydroxide 165 Mg)	
		Cough Syrup (Robitussin)	
		Sore Throat Spray (Chloraseptic)	
		Hydrocortisone Anti-itch Cream - 1%	
		Aloe Vera Gel	
		Triple Antibiotic Ointment	
		Antifungal Cream (Tolnaftate) - 1%	
		Lidocaine 4% Topical Cream	
		Diphenhydramine HCL Gel (Benadryl) (anti-itch ointment)- 2%	

PARENT/GUARDIAN AGREEMENT:

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have initialed all troop supplied medications/ointments that have my approval along with any additional dosage instructions.

My scout has (please check): ☐ No Known Allergies ☐ The following allergies (medications or other):

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date:

Mobile Phone: