

Over-the-Counter (OTC) Form

First Aider should customize their troop First Aid Kit to fit the group.

Child's name: _____ AGE _____ WEIGHT _____

Child ALLERGIES: _____ TEAM _____

Please help us keep your child safe by informing us of what you do not want your daughter to be given and include unmentioned medicines we should avoid.

*All medication must be in its original containers with a readable label and clear expiration date.

MEDICINE NOT to be used: _____

<i>Medication</i>	<i>Dosage according to the mfr. label</i>	<i>Usage</i>	<i>Can be used</i>	<i>Do not use</i>
Acetaminophen, Tylenol	1 or 2 tab 250mg each	minor aches, pains, cramps, fever	YES	NO
Antacid, Tums, Roloids Under 12 years INITIALS needed: _____	According to label	indigestion, gas	YES	NO
Antihistamine, Benadryl topical & oral, Caladryl/ Calamine lotion	According to label	stings, bites, colds, allergies, itch relief	YES	NO
Burn gel		Burn relief	YES	NO
Hand Sanitizer		Hand sanitation	YES	NO
Ibuprofen, Advil, Motrin (NON aspirin)	1 or 2 tabs 200mg each	minor aches, pains, cramps, fever	YES	NO
Midol, Pamprin, Aleve	1 or 2 tabs Various	minor aches, pains, cramps	YES	NO
Petroleum jelly, Chapstick		Dry skin, dry nose	YES	NO
Neosporin foam, wound cleaner	Sm dab to area	wound cleaning Treatment	YES	NO
Sunscreen PBA FREE, Aloe Vera gel/lotion, Insect Repellent	8 SPF, 15 SPF, 30 SPF, or 50 SPF NON DEET	sun protection, sun burn relief, insect repellent	YES	NO
Throat lozenges / Cough drops	According to label	sore throat	YES	NO
Triple antibiotic/ Polysporin/Neosporin		wound care	YES	NO

I give permission for my child (named above) to receive products listed on an as needed basis. I understand that our team isn't expected to carry all the following items in their First Aid kit _____ (Initials). To the best of my knowledge she is not allergic to those mentioned. Unless otherwise directed, the medications will be administered as directed by package labeling.

When going on Overnight trips with a group, your child may bring their own OTC medications from home. A separate form called *Prescription and Parent Provided Medication Form* will be needed.

Parent Signature _____ **Date** _____

Parent Print Name: _____ Number to reach a parent: _____

Parents are required to fill out a NEW OTC Form if anything changes throughout the year.