

Scouts BSA Troop 398 & 3982

Authorization to Dispense OTC Medication

Last Name	First Name
Emergency Contact Phone	

AUTHORIZATION: I hereby authorize any Registered Adult Leader of Scouts BSA Troop 398 & 3982 to dispense to the above named Scout the OVER THE COUNTER (OTC) MEDICATIONS listed below. These OTC MEDICATIONS may be, unless stated otherwise in the limitations/special instructions sections below, administered at the discretion of the Registered Adult Leader(s) for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a youth of the age/weight of above named Scout.

OTC Medication	Initials	Limitations / Special Instructions
All Medications listed below		No limitations
PAIN RELIEF: Acetaminophen (e.g., Tylenol and generics), Ibuprofen (e.g., Motrin, Advil, and generics), Naproxen sodium (e.g., Aleve and generics)		
DECONGESTANT: Phenylephrine HCl, Pseudoephedrine (e.g., Sudafed and generics)		
ANTIHISTAMINE: Diphenhydramine (Benadryl and generics) Loratadine (e.g., Claritin and generics), Chlorpheniramine maleate		
ANTIDIARRHEA: Pepto Bismol and generics, Imodium and generics		
ANTACIDS / ACID CONTROLLERS: Calcium Carbonate, Magnesium Hydroxide, and/or Aluminum Hydroxide (e.g., Tums, Rolaids, Mylanta, Maalox), and others containing some or all of these ingredients, and generics		
MOTION SICKNESS TREATMENT: Dimenhydrinate (e.g., Dramamine and generics), Meclizine hydrochloride (e.g., Bonine and generics)		
TOPICAL ANTISEPTICS AND SCRUBS: Povidone iodine (Betadine and generics), Hydrogen peroxide, Chlohexidine (Hibiclens) and other general antiseptics		
TOPICAL ANTIBIOTICS: Neosporin, Bactine, triple antibiotics (including generics) and similar products contains antibiotics with or without topical pain relief		
TOPICAL BURN / SUNBURN RELIEF: Creams and Gels including aloe vera and other products labeled as providing relief from minor sunburn and burns		
TOPICAL ITCH / RASH RELIEF: Hydrocortisone (Cortaid and generics), Diphenhydramine Hydrochloride (Benadryl Itch Relief and generics), Calamine Lotion, Loratadine (e.g., Claritin and generics)		
TOPICAL BITE / TOXIN NEUTRALIZERS: After Bite (containing ammonia) and others		

I, the parent (legal guardian) of the above Scout authorize the giving of medication as indicated above. I will not hold the dispensing individual, Scouts BSA Troop 547 or Mary Mother of The Redeemer Church/School liable for administering or not administering the medication, or any adverse/ allergic reactions my Scout may have.

Parent Name	
Parent Signature	Date

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Authorization to Dispense OTC Medication FAQ

• **Why am I being asked to sign this form?** The Boy Scouts of America prohibit Registered Adult Leaders (Scoutmaster, Assistant Scoutmasters, Committee Members) from administering any medication whatsoever to a scout without parental permission. Experience has shown that from time to time, scouts will need first aid or medication for minor conditions. Signing this form provides that permission without making us find you first.

• **What if I don't sign?** Signing the form is entirely voluntary. If you choose not to, your child will not be given any type of medicine without your express permission. For example, if your child has a sunburn, we will not be able to give him anything for it until we contact you. Sometimes, we are out of communication range, or even though within range, are unable to reach a parent. So, that means that needed medication could be delayed or prevented altogether, prolonging discomfort for your son. In some cases, as with bite toxin neutralizers, prompt administration is essential for the medication to have effect.

• **Do I need to complete this form for every trip? Every year?** Information on this form will continue to be used year after year while your Scout is a member of Troop 547. If you would like to make changes to this form or revoke it, you may do so at any time. Please contact the Medical Coordinator.

• **Who decides whether my son needs something?** This form gives any registered adult leader of the troop permission to give medication to your son. It is the practice of the troop for the Scoutmaster, Medical Coordinator or other adult leader in charge of an event to be consulted in the event of illness or injury to a scout, but other registered leaders may use their discretion to administer medications when the leader in charge is not readily available. This form does not give permission for any parent who may be attending an event to give medication to your son. It is restricted to registered adult leaders.

• **What about products not labeled for children under 12?** Some products, such as Pepto-Bismol®, contain ingredients the FDA has determined should not be given to children under 12 without consulting a physician. If your child is under 12, we will not dispense these medicines unless you check the box or insert a special instruction saying that it is OK.

• **What if I want a call first?** If you want a call before any medication is given to your son, don't sign this form. If you want a call for some situations but not others, for example, no call for triple antibiotic ointment for a scraped knee, but want a call before your son is given an histamine blocker like Benadryl®, make a note to "call first" in the limitations/special instructions section for that medication.

• **What if I want a reduced dosage from what is on the label?** Please note this in the limitations/special instructions section for that medication.

• **How do you know my son really needs medication?** Sometimes, we don't know for sure. From time to time, boys will report both real and imaginary ailments. Sometimes, the real problem is homesickness. Sometimes, there are other causes. For example, headaches can be the result of dehydration or sunburns. While we will seek to determine and address the source of the symptoms, most of us are not doctors and must rely on our first aid training, experience and judgment. If a boy reports a headache and you have authorized acetaminophen, we may give him a dose, even if we are unable to objectively verify he has a headache or determine a potential cause, to see if that solves the problem. If it does not and significant complaints persist, we will call a parent.

• **What if my son is really sick or hurt?** Expect a call. If a boy has a fever, vomiting or other significant symptoms or injuries, we will call a parent and/or seek appropriate professional medical care in accordance with the other medical authorizations you have executed. Again, this form is only for over the counter medications.

• **My son has an inhaler for asthma attacks or takes prescription medicine. Is this the form for that?** No. This form is for unanticipated needs for over the counter medicine. If your son has regularly prescribed medication that must be administered during a scouting activity, or has special medication that must be administered on an as needed basis, you need to provide the medication and a separate permission/instruction sheet to the adult leader in charge of the event when you drop off your son. Don't just give it to any adult going on the trip or to your son to turn in. To ensure proper accountability and that your son gets the medication he needs, you must give the medication and form to the adult leader in charge or the adult leader expressly designated by the adult leader in charge as the person responsible for medication for that event.

• **What if a medication is not on the list?** If the medication, its generics or its category are not on the list, we will not give it to your son without calling you. If you think we missed something that should be on the list, let us know.

• **What if I still have questions?** Ask the Medical Coordinator or Scoutmaster.