

# 2025 NYLT MEDICAL PERMISSION SLIP



National Youth Leadership Training is conducted by volunteers formed into provisional troops/crews. These troops/crews operate as a model for all troops/crews in the Northeast Illinois Council. As in your Scout's home troop/crew, sometimes it is necessary to provide medical attention for minor aches and pains. For that purpose, we have listed several medications below for you to choose from should the need arise to give them to your son/daughter. We recommend that you use the weight-based chart at the back of this form as a guide on which dosage to select. It is also necessary that we have permission to dispense the doctor prescribed medication that you have listed below. All medications (including over the counter) must be in original manufacturer containers or prescription bottle with participant name and medicinal dose and enclosed in a zip lock back with the Scouts name on it.

Please note that we do not have climate control to preserve gummy medication.

**Scout's/Crew Member's Name** \_\_\_\_\_ **Weight (lbs.)** \_\_\_\_\_

He/she is in good physical condition at the present time. He/she may receive emergency medical treatment at my expense.

I give my permission for the Adult Leaders of his/her NYLT Troop/Crew to dispense the following provided over the counter medications to my Son/Daughter, at the listed strengths. I have checked all that apply:

<input type="checkbox"/> Tylenol (acetaminophen) 325mg tablets	<input type="checkbox"/> Medicated Powder
<input type="checkbox"/> Tums Tablets (calcium carbonate)	<input type="checkbox"/> Hydrocortisone Ointment/Cream
<input type="checkbox"/> Ibuprofen/Advil/Motrin 200mg tablets	<input type="checkbox"/> Imodium AD (loperamide)
<input type="checkbox"/> Benadryl (diphenhydramine) 25 mg tablets	<input type="checkbox"/> Benadryl (diphenhydramine) Cream

In addition, I give the Adult Leaders of his/her NYLT Troop/Crew permission to dispense the following prescription medication to my son/daughter, that is provided for you in their original container. (Need more lines? please use back):

MEDICATION	DOSAGE	YOUR INITIALS

**PARENT/GUARDIAN NAME** (PRINT CLEARLY): \_\_\_\_\_

**EMERGENCY PHONE** (easy to reach me here): \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(See weight-based form on the back of this permission slip)

## DOSAGE CHART

Please use the following guidelines to select dosages and circle the appropriate dose for your scout.

<b>Acetaminophen</b> (Tylenol) Dose every 4-6 hours <i>Maximum 5 doses in 24 hours</i>	<b>Adult Regular Strength</b>  325 mg each	
<b>Weight</b>	<b>Dosage</b>	
60-71 lbs.	1 tablet	
72-95 lbs.	1 ½ tablets	
96 lbs. +	2 tablets	

<b>Ibuprofen</b> (Motrin, Advil) Dose every 6-8 hours <i>Maximum 4 doses in 24 hours</i>	<b>Junior Strength</b>  100 mg each	<b>Adult Regular Strength</b>  200 mg each
<b>Weight</b>	<b>Dosage</b>	<b>Dosage</b>
60-71 lbs.	2 ½ tablets	None
72-95 lbs.	3 tablets	None
96 lbs. +	4 tablets	2 tablets

<b>Benadryl</b> (Diphenhydramine) Dose every 6 hours <i>Maximum 4 doses in 24 hours</i>	<b>Chewable Junior Strength</b>  12.5 mg each	<b>Adult Regular Strength</b>  25 mg each
<b>Weight</b>	<b>Dosage</b>	<b>Dosage</b>
61-70 lbs.	2 ½ tablets	1 capsule
71-80 lbs.	3 tablets	1 capsule
81-90 lbs.	3 ½ tablets	1 capsule
91 lbs. +	None	2 capsules

<b>Additional Prescription MEDICATION</b>	<b>DOSAGE</b>	<b>YOUR INITIALS</b>