

Scout's Name: \_\_\_\_\_

Troop/Pack: \_\_\_\_\_

**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 brings to camp **MUST** be marked with the Scout's name on the label; all prescription medications **MUST** have the Scout's name clearly printed 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 at the beginning of the week 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 week.
4. Participants may keep over-the-counter insect repellent (non-aerosol), sunscreen, and anti-itch lotion/ointment that they bring to camp in their possession. All other OTC medications must be secured with the adult unit leader.

**CAMP-SUPPLIED MEDICATIONS:**

A limited supply of certain medications will 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 the camp health staff 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.

**NO medications will be administered without this signed OTC Medication Permission Form.  
This OTC Medication Permission Form MUST be attached to the Scouting America Health Form.**

Permission to Administer Camp-Supplied Medication/Ointments, etc.		
May Administer	Do Not Administer	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"><b>Medication</b></div> <div style="width: 45%; text-align: center;"><b>Directions:</b> (If differs from recommended dosage on label) <b>for dose, how often and/or application.</b></div> </div>
		Acetaminophen (Tylenol) – 500mg
		Ibuprofen (Advil / Motrin) – 200mg
		Naproxen Sodium (Aleve) – 220mg
		Aspirin – 325mg
		Cetirizine Hydrochloride (Zyrtec) – 10mg
		Bismuth Subsalicylate (Pepto Bismal) – 262mg
		Calcium Carbonate (Tums) – 1000mg
		Diphenhydramine Hydrochloride (Benadryl) – 25mg
		Cough Syrup (Robitussin)
		Sore Throat Spray (Chloraseptic)
		Hydrocortisone Anti-itch Cream - 1%
		Aloe Vera Gel
		Triple Antibiotic Ointment
		Loperamide (Imodium AD) - 2 mg
		Antifungal Cream (Tolnaftate) - 1%
		Burn Cream – contains Lidocaine
		Diphenhydramine HCL Gel (anti-itch ointment)- 2%
		Magnesium hydroxide(Milk of Magnesia) - 1200 mg
		Mydol Complete

**PARENT/GUARDIAN AGREEMENT:**

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

Further, my Scout has (please check):  *No Known Allergies*     *The following allergies (medications or other):* \_\_\_\_\_

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Street Address	City, State, Zip	E-Mail Address
Home Phone	Work Phone	Mobile Phone