

**GREAT FALLS SCOUT COUNCIL  
SCOUTHAVEN SUMMER CAMP  
OVER THE COUNTER MEDICINES**

**Scout Name:** \_\_\_\_\_ **Pack/Troop #:** \_\_\_\_\_

All campers (both Youth and Adult) must bring the **BSA Consolidated Annual Health and Medical Record (Part A, B, and C)** to camp for admittance. In addition, campers and staff **under the age of 18** must also attach this form. Forms must be completed annually and be signed by a physician and a parent/guardian.

**Special Requests:** If you have a need that requires special attention due to medical or religious reasons, please complete the Special Request Form. The form is available online as part of your registration information and is due a minimum of two weeks before the person will be attending.

camp. A \$25 late fee (per person) will be charged to each participant who fails to request accommodations at least two weeks before their camp session.

The following is a list of over-the-counter medications that may be available and dispensed by the Camp Health Officers. Please indicate in EACH BOX: Y if this patient may receive these medications, N if not. Each box must be filled in.

- ☐ Caldecort/Cortisone cream to affected area PRN minor pain or discomfort.
- ☐ Acetaminophen 15mg/kg Q4hr PRN temp <101 F, minor pain or discomfort.
- ☐ Ibuprofen 200mg-400mg Q4-6hr PRN minor pains or discomfort.
- ☐ Robitussin 1-2 Tsp. PO Q6-8hr PRN coughing.
- ☐ Benadryl Elixir/Tab 12.5-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24hr, minor allergic reaction.
- ☐ Chloraseptic Spray PO Q2-4hr PRN minor throat discomfort.
- ☐ Neosporin/Bacitracin Antibiotic Ointment apply topically to affected area PRN minor cuts/abrasions.
- ☐ Caladryl/Calahist lotion topically to affected area PRN minor itching.
- ☐ Pepto Bismol 2 tablets q 30 minutes PRN for GI upset for ages 12 and up.
- ☐ Calcium Carbonate 1-2 Tablets up to three times/day PRN for GI upset
- ☐ "After Bite" (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- ☐ A & D Ointment to affected area PRN minor skin irritation.

**Emergency Prescriptions (Epi-pen, Rescue Inhaler, etc.)**

Complete this section ONLY IF your child needs to always carry emergency prescriptions. This is to certify that the above-named Scout must carry the following emergency medication with them at camp,

\_\_\_\_\_  
They have been trained by their physician on the proper use of the medicine. We also understand that the Camp Health Officers has the right to spot-check that the scout is carrying this medicine. The scout understands that they must report any usage to the camp medical officer immediately.

In accordance with NYS Law, the parent or guardian must grant permission for their scout to carry and self-apply sunscreen and insect repellent. Please check below, yes or no to grant or deny these permissions.

☐ Yes      ☐ No

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_