



SENECA WATERWAYS COUNCIL BOY SCOUTS OF AMERICA **Summer Camp Youth Medication Permission Form**

Last Name: _____ First Name: _____ Unit: _____

Street: _____ City/State: _____

Phone: _____ Date of Birth: _____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Diphenhydramine (such as Benadryl)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	No	
Maalox	30 cc	Indigestion/ heartburn once	Yes	No	
Milk of Magnesia	30 cc	Constipation daily twice as needed	Yes	No	
Robitussin	Per label instructions	Colds every six hours as needed	Yes	No	
Acetaminophen (such as Tylenol)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No	
Ibuprofen (such as Motrin)	200 mg	Fever, Pain every 6 hours as needed	Yes	No	
Ibuprofen Liquid (such as Motrin)	5 ml per wt (below)	Fever, Pain every 6 hours as needed	Yes	No	
Topical Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Triple Antibiotic (such as Neosporin)	Per label instructions	Wound care (scrapes, poison ivy) twice daily as needed	Yes	No	
Pramoxine (such as Caladryl)	Per label instructions	Insect Bites/ Poison Ivy twice daily as needed	Yes	No	
Miconazole Powder (such as Desenex)	Per label instructions	Athletes Foot twice daily as needed	Yes	No	
Clotrimazole (such as Lotrimin)	Per label instructions	Jock Itch three times daily	Yes	No	

weight	50-75 lbs	75-95 lbs	95-150 lbs	>150 lbs
Dose	325 mg	500 mg	650 mg	1000 mg

weight	48-59 lb	60-71 lb	72-95 lb	96+ lb
Liquid	10 ml	12.5 ml	15 ml	20 ml
200mg tablet	1 tab	1 tab	1 1/2 tab	2 tab

OTC Medication	Dosage / Route	Indication and Schedule	Camper Health Care Provider		Comments
			Self-Administration	Initials	
			Yes	No	
			Yes	No	

Health Care Provider: _____ Phone: _____

Address: _____ License: _____

Signature: _____ Date: _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self-administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian: _____ Date: _____