

# PARENT PERMISSION ALLOWING SCOUTMASTERS TO GIVE OVER-THE-COUNTER MEDICATION ON TROOP 79 SCOUT ACTIVITIES

Scout name \_\_\_\_\_

This form is required before over-the-counter medications can be administered at Scout events.

The adult volunteers who administer these medications are not qualified to make a diagnosis of illness. This permission for OTC medication administration, which **expires August 30, 2024**, is extended to the adult volunteers to help alleviate symptoms reported by your son or problems observed by the adults during a BSA activity.

## PLEASE INITIAL IN THE APPROPRIATE SPOT(S) TO INDICATE YOUR PERMISSION

\_\_\_\_\_ I approve all medications listed below. (No need to individually initial/check each med below)

\_\_\_\_\_ I do not want *any* OTC meds given to my son.

\_\_\_\_\_ I approve of only those medications I have initialed below:

### TOPICAL

\_\_\_\_\_ **Antibiotic cream** (Bacitracin, Polysporin, Neosporin)

\_\_\_\_\_ **Anti-itch cream** (i.e. Caladryl, diphenhydramine [Benadryl], hydrocortisone, lidocaine)

\_\_\_\_\_ **Tincture of Benzoin** or **Mastisol** (helps tape adhere)

\_\_\_\_\_ **Sunscreen**

\_\_\_\_\_ **Insect spray**

\_\_\_\_\_ **Sunburn relief gel**

### ORAL

\_\_\_\_\_ **Pain/inflammation** (ibuprofen [Advil, Motrin])

\_\_\_\_\_ **Pain/fever** (acetaminophen [Tylenol])

\_\_\_\_\_ **Antacid** (Mylanta, Maalox, Tums)

\_\_\_\_\_ **Anti-nausea/upset stomach** (Pepto Bismol tablets)

\_\_\_\_\_ **Anti-diarrheal** (loperamide [Imodium])

\_\_\_\_\_ **Antihistamine** (diphenhydramine [Benadryl], loratadine [Claritin], chlorpheniramine)

\_\_\_\_\_ **Cold & Cough Medications** Products may contain any of the following: guaifenesin/Tussin (thins secretions), phenylephrine (decongestant), dextromethorphan (for cough). They may also contain an antihistamine similar to the ones listed above.

No aspirin nor medications containing **pseudoephedrine** will be administered.

Medication **allergies** \_\_\_\_\_

Food **allergies** (eggs, nuts, wheat, etc.) \_\_\_\_\_

Food **intolerances** (lactose, gluten, etc.) \_\_\_\_\_

Any problems with medical tape or adhesive strips (Band-Aid) sensitivity? Yes No

Comments \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_