

Permission for the Administration Of Over-The-Counter Medications

Troop 51, Clinton Valley Council, BSA

I HEREBY GIVE PERMISSION FOR THE HEALTH OFFICERS AND LEADERS OF THE CLINTON VALLEY COUNCIL, TROOP 51 TO ADMINISTER OVER-THE-COUNTER MEDICATIONS TO

Scout's Name

Medications may include but are not limited to:

- TYLENOL (or similar preparation) FOR HEADACHES OR EARACHES
- PEPTO BISMOL, TUMS, MYLANTA (or generic preparations) FOR UPSET STOMACH
- IMMODIUM (or generic preparation) FOR DIARRHEA
- IBUPROFEN (or generic preparation) FOR SPRAINS, STRAINS, INFLAMMATION, MENSTRUAL CRAMPS
- *CALAMINE LOTION, TECHNU (or similar preparation) FOR POISON IVY/RASHES
- *BENEDRYL CREAM (or generic) FOR SEVERE ITCHING

PLEASE AMEND ABOVE LIST IF NECESSARY

*May be kept in Scout's own personal first aid kit

Dosages will be administered according to directions on the container unless a physician directs otherwise.

PARENTS NOTES:

Signature of parent/guardian:

Date:

Good for 1 year.

Effect July 1, 20 __ __ through June 30, 20 __ __.