

TROOP 198 – ETTERS

Over the Counter Medication Authorization

Parents/ Guardians of Troop 198 Scouts

Listed below are the Over the Counter Medications (OTC), stocked in the troop First Aid Kit.

We are asking for Authorization to Administer, following manufacturer recommendations, these medications, as needed, to your Scout. Troop leaders will make every attempt to contact you, however, if we are unable to contact you, this authorization will permit your Scout to receive selected medications. You will be notified, following the outing/ activity, where any medication (s), have been administered.

Please review the list, and check with your Scout's Physician or Health Care Provider, as needed.

Medication List

Acetaminophen (Tylenol) Y – N

Allergy Relief (Benadryl) Y – N

Anti-Itch cream (Hydrocortisone) Y – N

Ibuprofen (Advil) Y – N

Pepto Bismol (Nausea, upset stomach) Y – N

Please circle each medication: Yes or No

You have the option of selecting: All of the above (circle to select this option)

I _____ (print name)

Parent/ Guardian of _____ (Scout's name)

Authorize the Leaders of Troop 198, to administer, as needed, the above indicated medications to my Scout.

This authorization is Valid until revoked, once signed and dated, and may be modified or withdrawn, at any time.

Parent/ Guardian Signature _____ Date _____