

Scout Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergic to: \_\_\_\_\_

**Over-the Counter Medication Dispensation Permission Form**

Purpose: The Medical Staff has limited supplies of the medications listed below, if you know your scout will possibly need one of these, please send it (preferably new) with them, in the original container and labeled with their name.

**YOU ARE GIVING PERMISSION FOR THE FOLLOWING MEDICATIONS TO BE GIVEN IF INDICATED, IF NEEDED.  
MEDICATIONS WILL BE ADMINISTERED IN ACCORDANCE WITH THE DOSAGES ON THE OTC MEDICAL CONTAINER**

YES	NO	Medication
<input type="radio"/>	<input type="radio"/>	Acetaminophen (Tylenol®)
<input type="radio"/>	<input type="radio"/>	Ibuprofen (Advil®/Motrin®)
<input type="radio"/>	<input type="radio"/>	Diphenhydramine (Benadryl®)
<input type="radio"/>	<input type="radio"/>	Loratadine (Claritin®)
<input type="radio"/>	<input type="radio"/>	Cetirizine HCL (Zyrtec®)
<input type="radio"/>	<input type="radio"/>	Cough Drops or Throat Lozenges
<input type="radio"/>	<input type="radio"/>	1% Hydrocortisone Cream
<input type="radio"/>	<input type="radio"/>	Antibiotic topical ointment (Bacitracin®)
<input type="radio"/>	<input type="radio"/>	Sunscreen Lotion
<input type="radio"/>	<input type="radio"/>	Sunburn Gel (Solarcaine®, Aloe Vera, Lip Balm)
<input type="radio"/>	<input type="radio"/>	Skin Itch Treatment (Calamine Lotion)
<input type="radio"/>	<input type="radio"/>	Calcium Carbonate (Tums®)
<input type="radio"/>	<input type="radio"/>	Magnesium Sulfate (Epsom Salts®)
<input type="radio"/>	<input type="radio"/>	Midol® (Females Only)

**WAIVER:** In consideration of the benefits to be derived, in view of the fact that participation in Scouting Activities is voluntary, and having full confidence that reasonable precautions will be taken to ensure my Scout's safety and well-being, I agree to their participation in Scouting Activities and waive all claims against the leaders of NYLT, BSA Scouting Activity, and/or its sponsor. I have provided the Denver Area Council with current and accurate medical information about my Scout.

Signature (Parent): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (Parent): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_