

TROOP 416
OVER THE COUNTER MEDICATIONS RELEASE FORM

I understand participation in activities offered through Troop 416, the Southern Sky District, the Circle Ten Council, and Boy Scouts of America involves the potential for need for over the counter medications which my child may not readily have available in his personal First Aid Kit. I have carefully considered the risk involved and have given my child,

_____, my consent to take the following over the counter medications when needed, in the dosage suggested by the label for his age and weight, while at Scouting activities. I am indicating this by placing my initials next to the medication I wish administered.

1. _____ Acetaminophen 500 mg pain reliever/fever reducer
2. _____ Ibuprofen 200 mg pain reliever/ fever reducer
3. _____ Naproxen sodium 220 mg pain reliever/fever reducer
4. _____ Cough drops Menthol 10 mg cough suppressant/oral anesthetic
5. _____ Loratadine 10 mg antihistamine
6. _____ Diphehydramine HCl 25 mg antihistamine
7. _____ Pseudophedrine HCl 30 mg nasal decongestant
8. _____ Loperamide HCl 2 mg with Simethicone 125 mg anti-diarrheal/anti gas
9. _____ Others? Please list.

Signature _____

Date _____

Telephone numbers in case of emergency

Name _____ Home Phone _____

Cell Phone _____

Name _____ Home Phone _____

Cell Phone _____