

Scout Name: _____

Date of Birth: _____

Allergic to: _____

Over-the-Counter Medication Dispensation Permission Form

Purpose: The lodge has limited supplies of the medications listed below, if you know your scout will possibly need one of these, please send it with them, in the original container and labeled with his name. YOU ARE GIVING YOUR PERMISSION FOR THE FOLLOWING MEDICATIONS TO BE GIVEN IF INDICATED. MEDICATIONS WILL BE ADMINISTERED IN ACORDANCE WITH THE DOSAGES ON THE OTC MEDICAL CONTAINER.

YES	NO	Medication
		Acetaminophen (Tylenol®)
		Ibuprofen (Advil®/Motrin®)
		Diphenhydramine (Bendryl®)
		Loratadine (Claritin® Antihistamine for running nose, itchy eyes)
		Cough Drops or Throat Lozenges
		Hydrocortisone Cream
		Antibiotic ointment (Bacitracin®)
		Sunburn Gel (Solarcaine®)
		Calamine Lotion
		Tums®
		Midol®

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 his 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): _____

Contact Phone: _____