

Troop 48 Pioneers

OTC Medication Permission Form

Name: _____ Date of Birth _____

I give approval for adult leaders to administer the following over the counter medications to my child while on scouting outings.

Parent / Guardian: _____ Relationship: _____

Signature: _____ Date: _____

Home phone: _____ Cell phone: _____ Alternate: _____

Oral Medications	Dosage	Indications	Approval	Comments
Tylenol	325mg < 100 lbs 650mg > 100 lbs	Headache / pain	Yes No	
Ibuprofen	200mg < 100 lbs 400mg > 100lbs	Pain	Yes No	
Benadryl	25mg < 100 lbs 50mg > 100 lbs	Allergic reaction	Yes No	
Imodium	As needed	Diarrhea	Yes No	
Topical Medications				
Triple antibiotic	As needed	Cuts and scratches	Yes No	
Lotrimin	Twice daily	Athletes Foot	Yes No	
Benadryl Spray	An needed	itching	Yes No	