e permission fo	or a Troop represent	ative to give the f	ollowing medicines	to my son at camp *			
ve permission re	or a 1100p representa	anve to give the r	-				
te:			Parents Signature:				
Medication Nan	ne:						
ndition to be Given for			Storage Instructions:				
Dosage:		Strength:					
Times to be Given:							
As Needed:		Quantity Sent to Camp:					
Required Daily:		Color, Form, & Shape:					
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ondition to be Given for Dosage:			Storage Instructions:Strength:				
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* If no permission is granted, all medicines must be given by parent or you will receive a call from our staff.

BOY SCOUT MEDICATION TRACKER

Scouts Name:

If a Scout or Scouter is using more than three medications, then please use additional forms. Waiver: This information is confidential and is provided to Health Staff or designee for the express purpose of helping to ensure a healthy safe camping experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.
Date:
Signature of Parent / Guardian:
Contact Phone Number:
Administration of OVER THE COUNTER "OTC" Medication to Campers RE: Administration of Medication(s) to your child
Over the counter medications [known as "OTC"] could be administered to your child by our Camp Health Staff when requested, for these conditions:
Colds: Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime Sprains: Tylenol or Ibuprofen (Motrin, Advil, Aleve) Constipation: Milk of Magnesia, Glycerin suppository Swimmer's Ear: Cortisporin Otic Drops Diarrhea: Pepto Bismol or Imodium AD Allergies: Benadryl Wounds: Bacitracin ointment, Betadine or other medications so recommended by our Camp Health Staff
Participants will NOT be charged for medications provided by the Health Staff. The Health Staff reserve the right to make medical decisions regarding the participation of individuals at camp. It is a condition of your child's attending camp that you grant permission to the Health Staff, to treat your child for emergent or necessary health concerns. This may include providing these OTC medications listed above to your child should they develop any of the above conditions or other medications as deemed necessary by the Camp Health Staff.
Please sign below.
Signature of Parent or Guardian
If your child is allergic to any of the above listed OTC drugs or had other allergies, please state below. My son is allergic to:
Comments:

Scouts Name