

TROOP 324 - MEDICATION RELEASE FORM
OVER THE COUNTER MEDICATIONS

The purpose of this document is to secure your permission and obtain a release to allow the adult leaders of Troop 324. to administer certain common over-the-counter medications and preparations. The Troop maintains a well supplied first aid kit. At times it becomes desirable and/or necessary to provide the Scouts with these items. Please review the list below and indicate your desires. Indicate "Yes or No" to those items you approve or disapprove. Then sign and date this form. There is also a section for your special needs, requirements, or any comments. Your help is greatly appreciated.

YES / NO	MEDICATION
_____	ASPRIN
_____	ACETAMINOPHEN (Tylenol)
_____	IBUPROFEN (Advil, Nuprin, Motrin, etc.)
_____	BENADRYL PILLS (for allergy/itching)
_____	CALAMINE & BENADRYL LOTIONS (for itching/rashes)
_____	TOPICAL HYDROCORTISONE CREAMS
_____	NEOSPORIN OINTMENT & TOPICAL BURN CREAMS
_____	ANTACIDS, CHEWABLE & LIQUID
_____	BENZOCAINE (topical anesthetic)
_____	TOPICAL ANTISEPTICS (betadine, etc.)
_____	EYE WASH / ARTIFICIAL TEARS
_____	OCUFEN EYE DROPS (analgesic, anti-inflammatory - for chlorine irritation)
_____	SWIMMER'S EAR DROPS

(Please comment here about any special requests, needs, requirements or concerns.)

I hereby authorize the adult leadership of Troop 324, a Boy Scout Unit in the Heart of America Council, Overland Park, Kansas, to administer those medications/preparations listed above, as they feel necessary to my son: _____

(print Scout's name here)

Signature of Parent or Guardian

Date

Name Printed