

## OVER-THE-COUNTER (OTC) MEDICATION DISPENSATION PERMISSION FORM

TROOP 794 - MISSION HILLS CHURCH	DENVER AREA COUNCIL - Boy Scouts of America
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**Scout Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

**PURPOSE:** You are giving your permission as the parent or legal guardian of the scout listed above for the following medications to be **ADMINISTERED** in accordance with the dosages on the OTC medical container if the need arises during a scheduled troop meeting, activity or outing.

By checking "YES" to the medicine listed below, you give parental permission for T794 Registered Leadership to administer the OTC medicine listed as described.

Yes	No	Medication
<input type="radio"/>	<input type="radio"/>	Acetaminophen (Tylenol)
<input type="radio"/>	<input type="radio"/>	Ibuprofen (Advil or Motrin)
<input type="radio"/>	<input type="radio"/>	Diphenhydramine (Benadryl)
<input type="radio"/>	<input type="radio"/>	Loratadine (Claritin antihistamine for running nose, itchy eyes)
<input type="radio"/>	<input type="radio"/>	Cough Drops or Throat Lozenges
<input type="radio"/>	<input type="radio"/>	Hydrocortisone Cream
<input type="radio"/>	<input type="radio"/>	Antibiotic Ointment (Bacitracin)
<input type="radio"/>	<input type="radio"/>	Sunburn Gel (Solarcaine)
<input type="radio"/>	<input type="radio"/>	Calamine Lotion
<input type="radio"/>	<input type="radio"/>	Loperamide (Imodium for diarrhea)
<input type="radio"/>	<input type="radio"/>	Other OTC (write-in):

**WAIVER:** In consideration of the benefits to be derived, in view of the fact that participation in all scouting activities are voluntary, having full confidence that reasonable precautions will be taken to ensure my scouts safety and well-being, I agree to his participation in scouting activities and waive all claims against BSA registered troop leadership and/or its Charter Org. I have provided Christian Troop 794 with current and accurate medical information about my scout.

Print Name (Parent): \_\_\_\_\_

Signature (Parent): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_