

OVER THE COUNTER MEDICATION PERMISSION SLIP

Camp Attending: (please circle)

Boy Scout Summer Camps

Camp Bonaparte

Camp Fife

Cub Scout Family Camps

Fun With Cub

Cub Scout Day Camps

Ephrata

Grandview

Wenatchee

Kittitas

Moses Lake

Omak

Othello

Selah/Yakima

Scout Name: _____ Unit No: _____

Dates of Camp Session Attending: _____ Scout Date of Birth: _____

I give the camp staff leadership permission to administer the following over-the-counter medications, should the need arise, while the Scout is at camp. I further certify that, to the best of my knowledge, the Scout is not allergic to any of the approved over-the-counter medications. Dosages will be administered according to the directions on the label unless a physician directs otherwise.

Please **cross off** any medications that are **NOT** approved and sign below:

Pills and Chewables

Headache

Tylenol (acetaminophen) or Motrin (ibuprofen)

Muscle Pain

Motrin (ibuprofen)

Upset Stomach

Pepto Bismol (bismuth subsalicylate), Tums (calcium carbonate),
Maalox (magnesium hydroxide and aluminum hydroxide)

Diarrhea

Immodium AD (Loperamide HCl)

Bee/Wasp sting

Benadryl (Diphenhydramine HCl)

Allergy

Benadryl (Diphenhydramine HCl)

Cold Medicine

Sudafed (Pseudoephedrine HCl)

Topical

Cuts

Bacitracin-neomycin-polymyxin-B antibiotic ointment

Poison Ivy

Calamine lotion (zinc oxide), Benadryl cream (diphenhydramine)
or Cortaid cream (hydrocortisone)

Bites and itches

Calamine lotion (zinc oxide), Benadryl cream (diphenhydramine)
or Cortaid cream (hydrocortisone)

Athletes Foot

Tinactin spray (Tolnafrate)

Sunburn

Solarcaine spray (Lidocain, Triclosan), Aloe

These items are stored in the camp health lodge. Please do not send these medications with the Scout. Generic brands may be substituted for name brands.

Print Scout's name: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian phone number: _____