

**Medication Permission Form**  
Needed to dispense Over-the-Counter Medications

<b>Scout's Name</b> _____	<b>DOB</b> _____	<b>Unit</b> _____	
<b>Camp Attending:</b> _____ <small>(Please circle)</small>	<b>Massawepie Scout Camps</b>	<b>Camp Babcock-Hovey</b>	<b>Cub Scout Adventure Camp</b>
	<b>Eagle Flight</b>	<b>Cub Scout Resident Camp</b>	<b>Massawepie Trek Center</b>
	<b>Girls Adventure Camp</b>	<b>National Youth Leadership Training (NYLT)</b>	

**Dates Attending Camp:** \_\_\_\_\_

Please note that you must bring all medications, to camp in the **ORIGINAL BOTTLES** with specific directions.

All medications must be listed and approved by your healthcare provider on Part B of the Boy Scouts of America, Annual Health and Medical Record.

The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check mark if this patient may receive these medications.

- Caldecott/Cortisone cream to affected area PRN minor skin irritation.
- Acetaminophen 15mg/kg Q4hr PRN temp < 101 F, minor pain or discomfort.
- Ibuprofen 200mg-400mg Q4-6hr PRN minor pain or discomfort.
- Robitussin 1-2 Tsp PO Q6-8hr PRN coughing.
- Benadryl Elixir/Tab 12.5-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24 hr, minor allergic reaction.
- Chloraseptic Spray PO Q2-4 hr PRN minor throat discomfort.
- Neosporin/Bacitracin Antibiotic Ointment apply topically to affected area PRN minor cuts/ abrasions.
- Caladryl/Calahist lotions apply topically to affected area PRN minor itching.
- Kaopectate 30-60 ml PO PRN after each loose BM, not to exceed 6 doses/day or a period of 48hrs.
- After Bite@ (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- A & D Ointment to affected area PRN minor skin irritation.

**\*NOTE:** If there are any changes in medications or other medical information after this form is submitted, please notify the camp in writing.

-----  
Physicians/Practitioners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_