

Scout Name _____

The following Over the Counter Medicines may be available from the Scoutmaster or other adult chaperones.

Please send your child's own supply of Over the Counter Medicine if they are a normal routine or taken daily.

*Please check the Medications your child may be given if needed or CHECK ALL Here

Medicine will be administered per package instructions unless otherwise noted.

Benadryl/antihistamine

Decongestant

Antacid

Pepto Bismol

Anti Diarrhea

Tylenol / Acetamenophen

Motrin / Ibuprofen

Antibiotic Ointment

Parent Signature _____ Date _____

Allergies to OTC Medications _____

NOTE: Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so.