

Troop 1000

Medicine Authorization

I, _____, parent or guardian of _____, hereby authorize the adult leaders in charge to dispense the following *non-prescription medicine* to my son on all outings of the troop in which he may participate.

- **Tylenol** — dispensed as written on label for headaches, muscle aches, etc.
- **Immodium** or **Kaopectate** chewable or liquid dispensed per the manufacturer label for the age of the youth for treatment of diarrhea. This medication will not continue to be dispensed if symptoms persist for more than 24 hours, if symptoms are accompanied by other abdominal pain, or excessive tenderness in the abdomen.
- **Tums** or **Gas-X** — dispensed per manufacturer label for indigestion.
- **Benadryl** — dispensed as written on label for stings by an insect (wasp, bee, etc.) and when youth has NO listed (on Class I, II, or III BSA health forms) record of allergic reaction. This may also be administered if the boy has an *allergy-type* attack and parent has not provided specific medication.
- Topical Antibiotic Ointment — **Neosporin** (with neomycin) or **Polysporin** and/or **Bacitracin** (without neomycin) for application on minor cuts and abrasions.
- **Bonine** or **Dramimine** — dispensed as needed per label for youths to prevent or alleviate symptoms associated with motion (car, bus, air) sickness.

PLEASE NOTE: this form is not intended to replace the Boy Scout required consent to treat forms. Instead, it is intended to advise you, the parent or guardian, that these non-prescription medicines may be administered to your son. Your signature below is your acceptance of these conditions and dosages whereby the medication might be administered.

In the event these medications are NOT acceptable for your child, you, as parent ACCEPT complete responsibility for and will provide all substitute medication for your child and complete the **Troop 1000 Medicine Form** outlining dosage of these substitute medications before each activity in which your child participates.

I have read the criteria above and hereby agree.

Signature of parent or guardian

Date: _____

please print your name here