

If a Scout or Scouter is using more than three medications, then please use additional forms

Waiver: This information is confidential and is provided to Health Officer or designee for the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.

Signature of Parent/Guardian _____ Date _____

Administration of OVER THE COUNTER "OTC" Medication to Campers

RE: Administration of Medication(s) to your child

Over the counter medications [known as "OTC"] could be administered to your child by our Camp Health Provider, when requested, for these conditions:

- | | |
|----------------|---|
| Colds: | Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime |
| Sprains: | Tylenol or Ibuprofen (Motrin, Advil, Aleve) |
| Constipation: | Milk of Magnesia, Glycerin suppository |
| Swimmer's Ear: | Cortisporin Otic Drops |
| Diarrhea: | Pepto Bismol or Imodium AD |
| Allergies: | Benadryl |
| Wounds: | Bacitracin ointment, Betadine |

or other medications so recommended by our camp physician

Camp Medical Director and other Health Lodge Staff reserve the right to make medical decisions regarding the participation of individuals at camp.

It is a condition of your child's attending camp that you grant permission to the Health Lodge Staff, to treat your child for emergent or necessary health concerns. This may include providing these OTC medications listed above to your child should they develop any of the above conditions or other medications as deemed necessary by the camp physician.

Please sign below.

Signature of Parent or Guardian

If your child is allergic to any of the above listed OTC drugs or had other allergies, please state below.

My son is allergic to:_____.

COUNCIL POLICY ON PRESCRIPTION MEDICATION AT CAMP To prevent problems with giving your child's medication, your child **MUST** have this form completed for any prescription medication with their BSA Health Form. Medication **CAN NOT** be given to your child unless the camp is in receipt of this form.