

TROOP 226 MEDICINE INSTRUCTIONS/PERMISSION FORM

for _____

Scout Name: _____

Unit: _____

Date: ____/____/____

Physical ailments common to camp life are: insect bites, headaches, poison ivy, runny/stuffy noses, stomach aches, nausea, diarrhea, etc. The troop has a modest supply of regular strength acetaminophen, calamine lotion, and Imodium AD. **If you do NOT want your son to receive any of the medications listed on the form below write "NO" and your initials on this form beside those medications names.** Please provide alternative medications to treat your son for these ailments. If you think of other ailments that could afflict your son while he's at camp please provide the medication and information on this form.

Any medication to be taken while at camp **MUST be included on this form or it will not be administered**, this includes any prescription medications that your scout may currently be taking.

MEDICATION <i>(full name)</i>	PURPOSE <i>(what is it for)</i>	DOSAGE <i>(amount to be given)</i>	FREQUENCY <i>(how often can it be given)</i>	ADMINISTERED <i>(time & date given)</i>
Acetaminophen (Regular Strength)	Headache	Per package directions.	Per package directions as needed.	
Imodium AD	Diarrhea	Per package directions.	Per package directions as needed.	
Calamine Lotion	Poison Ivy	Per package directions.	Per package directions.	

I give permission to the adult leaders of Troop 226 and to all medical personnel who might be assisting my son to administer the above approved/listed medication to my son (named above). I further release Troop 226 and all medical personnel from all liability for any reaction which my son may suffer from any medications I have approved/listed above. I have supplied personal medications in the original containers and affixed my son's name to each.

Parent/Legal Guardian

Date