

# Parent Authorization for Scout Medication

The undersigned does hereby authorize adult leaders of Troop 486, San Gabriel Valley Council, Boy Scouts of America, as agent, or any such substitute agent as they may designate, to provide over-the-counter medications and/or prescribed medications where listed and authorized below. It is understood that authorization for over-the-counter medications is given in advance to provide authority and power in the exercise of the leaders' best judgement.

Scout's Name		Date of Birth
Home Address		
Father or Guardian Name		
Father Home Phone (        )	Father Work Phone (        )	Father Cell Phone (        )
Mother or Guardian Name		
Mother Home Phone (        )	Mother Work Phone (        )	Mother Cell Phone (        )

All medications that your Scout may need to take or use must be listed on this form. Include both over-the-counter (OTC) medications and prescribed medications. Generic medication will be dispensed per instructions on the label. Indicate your permission by initialing on the line after each medication.

## Authorized Over-The-Counter Medications (The following may be carried in the Troop group first aid kit.)

Generic Name	Brand Name (Example)	Purpose	Do Not Administer
acetaminophen	Tylenol	pain/fever	
aspirin	Bayer, Anacin, Excedrin	pain	
benzocaine, camphor, and diphenhydramine	Sting-Eze	insect bite	
bismuth subsalicylate	Pepto-Bismol	upset stomach	
calcium carbonate	Tums	upset stomach	
cetirizine	Zyrtec	allergic reaction	
chlorpheniramine	Chlortrimeton	itching/allergic reaction	
dimenhydrinate	Dramamine	motion sickness	
diphenhydramine	Benadryl	allergic reaction	
ibuprofen	Motrin, Advil	pain/fever	
loperamide	Imodium	diarrhea	
loratadine	Claritin	allergic reaction	
pseudoephedrine	Sudafed	nasal congestion	
simethicone	Mylanta, Maalox	upset stomach	
tetrahydrozoline	Visine	eye irritation	

## Authorized Prescription Medications (The following must be provided by parent in original container with pharmacy label.)

Drug Name	Dosage	Frequency	Purpose	Amount provided to Troop

This authorization will remain in effect while the above minor is enroute to and from and involved or participating in any Boy Scout program or activity. Unless earlier expressly revoked in writing by the undersigned and delivered to the aforesaid agent, this authorization will remain in effect until one year after the date signed below.

Father or Guardian Signature	Date
Mother or Guardian Signature	Date