

Over the Counter Medication Permission Form
Troop 72 – St. Charles

I hereby give my permission to Troop 72 to administer the following over the counter medications to my Scout in the event he presents with complaints and I am unable to be contacted. I understand that effort will be made to contact the emergency numbers provided to the troop on the Health History forms prior to administering medication. Dosage will be according to manufacturer's instructions on the label. This permission form shall be valid for one year after the signature date.

Scout Name _____

Please initial approved over-the-counter medications:

Antihistamine

Benadryl Gel – Topical

Acetaminophen

Ibuprofen

Pepto-Bismol

Parent/Guardian Signature _____

Date _____