OTC

Custaloga Town Scout Reservation

French Creek Council, Boy Scouts of America

Over the Counter (OTC) Medication Release

Prepared. For Life.™

Name of Camper..... _____

Unit #(Troop/Crew/Pack) ..... _____ District _____ Session: _____

Name of Leader ..... _____

To comply with the National Standards of the Boy Scouts of America, and the laws of the Commonwealth of Pennsylvania, the French Creek Council and Custaloga Town Scout Reservation require parental/guardian permission to administer over the counter (OTC) medicine to any camper under the age of 18 during their participation in the resident camp program. This form must be completed and on file along with the BSA Medical Form while your child is in camp.

The following is a list of the medications, or equivalents, typically provided for the indicated conditions. The Medical Officer and/or Health Lodge Staff in cooperation with the camp physician may provide other medications.

Colds/congestion ..... Robitussin DM, Throat Lozengers, Chloroseptic spray, Sudefed (daytime), Dimetapp (nighttime)
Sprains/strains ..... Ibuprofen (Motrin or Advil), Acetaminophen (Tylenol), Naproxen (Aleve)
Constipation ..... Milk of Magnesia
Swimmer's Ear..... Cortisporin Otic drops
Diarrhea ..... Pepto Bismol, Imodium AD
Allergies ..... Benadryl
Wounds..... Bacitracin ointment

Other medications as recommended by the camp physician.

There will be no charges for these medications.

Please list any allergies, restrictions, or known reactions to these or other OTC medications, explain.

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_____

I grant my permission to treat my child with the above listed medications and/or others as recommended by the camp physician while my child is a resident camper at Custaloga Town Scout Reservation.

Signature (parent or guardian):_____

Date: ..... _____

This form must be completed and submitted along with the BSA Medical Record form.