

## **Custaloga Town Scout Reservation**

## French Creek Council, Boy Scouts of America



**Over the Counter (OTC) Medication Release** 

Name of Camper			
Unit #(Troop/Crew/Pack)	District	Session:	
Name of Leader			
To comply with the National Standa Commonwealth of Pennsylvania, the require parental/guardian permission under the age of 18 during their participant completed and on file along with the	e French Creek Counci n to administer over the ticipation in the residen	il and Custaloga Town Scout F e counter (OTC) medicine to a It camp program. This form mu	Reservation ny camper
The following is a list of the medicat conditions. The Medical Officer and may provide other medications.			
Colds/congestion Rob		itussin DM, Throat Lozengers, Chloroseptic ly, Sudefed (daytime), Dimetapp (nighttime)	
Sprains/strains		Motrin or Advil), Acetaminophen	
Constipation			
Swimmer's Ear	Cortisporin	Otic drops	
Diarrhea		nol, Imodium AD	
Allergies			
Wounds	Bacıtracın o	ointment	
Other medications as recommended	by the camp physician	n.	
There will be no charges for these n	nedications.		
Please list any allergies, restrictions	, or known reactions to	these or other OTC medication	ons, explain
I grant my permission to treat my ch recommended by the camp physicia Reservation.			
Signature (parent or guardian):			
Date:			

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