

**Print Scout Name:** \_\_\_\_\_

### Over the Counter Medicine Permission Form

The national policy is that no Scoutmaster can administer any over the counter drug to a boy in their troop without the express permission of the parents.

| Name            | Dose | Qty | Comments |
|-----------------|------|-----|----------|
| Tylenol         |      |     |          |
| Aspirin         |      |     |          |
| Motrin          |      |     |          |
| Aleve           |      |     |          |
| Dristan         |      |     |          |
| Rolaids         |      |     |          |
| Tums            |      |     |          |
| Pepto-Bismol    |      |     |          |
| Alka-Seltzer    |      |     |          |
| Cough Syrup     |      |     |          |
| Dimetapp        |      |     |          |
| Neteck (Tec-na) |      |     |          |
| Calamine Lotion |      |     |          |
| Cortisone Cream |      |     |          |

**Print Scout Name:** \_\_\_\_\_

#### List any Others

| Name | Dose | Qty | Comments |
|------|------|-----|----------|
|      |      |     |          |
|      |      |     |          |
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List any Prescription medicine and instructions

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Parent-Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent-Signature \_\_\_\_\_ Date \_\_\_\_\_