



# Troop 695



Eden Prairie, Minnesota

Scout Name: \_\_\_\_\_

Patrol: \_\_\_\_\_

## Over-the-Counter ("OTC") Medication Consent

While on any Troop-sponsored trip, the Adult Leaders will be carrying a first aid kit. This kit contains common medications used for treating mild illnesses and minor injuries. The Adult Leaders dispense these medications per the directions on the manufacturer's label.

The following is a list of the OTC medications in the Troop's first aid kits. Please **CROSS OUT** all OTC medication(s) that should NOT be dispensed to your son.

- |   |  |
|---|--|
| Auro-Dry (water in the ears)                        | Micrtracine (antibiotic ointment for minor wounds) |
| Benadryl (insect bites and mild allergic reactions) | Pepto-Bismal (upset stomach and diarrhea)          |
| Bonine (motion sickness)                            | Solarcaine (sunburn and minor burn pain)           |
| Cortaid (anti-itch cream containing cortisone)      | Tylenol (pain relief)                              |
| Ibuprofen (pain relief)                             | Visene Eye Drops (eye irritation)                  |

- I have read the above *Over-the-Counter Medication* policy.
- I have crossed off all OTC medications that should not be dispensed to my son.
- I grant permission for the Adult Leaders of Troop 695 to dispense any or all of the OTC medications that I have NOT crossed off to my son as needed.

Parent or Guardian

Signature (OTC Consent): \_\_\_\_\_ Date: \_\_\_\_\_

## Individual Prescription Medications ("IPM") Consent

Scouts with special medical conditions that require prescription medications will be permitted to attend Troop 695 outings provided that they are physically well enough to participate in Troop activities and can maintain their prescribed dosage schedule. All prescription medications must be kept in their original containers with complete dosage instructions. Parents must specify in writing (use special instructions section below) the exact circumstances for which any medications are to be given "as needed."

- N/A – My son does not take prescription medications. (*no signature required*)

- I have read the above *Individual Prescription Medications* policy and agree to comply with the requirements listed.
- I further agree that the Adult Leaders of Troop 695 may, at their absolute discretion, decide when and if a Scout's medical condition cannot be adequately monitored, and therefore it will be necessary for a parent or guardian to accompany the Scout on all Troop outings until further notice.

Parent or Guardian

Signature (IPM Consent): \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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