

Troop 313- Des Peres, MO

MEDICATION FORM

Scout/Adult Name: _____

Parent #1: _____ Parent #2: _____

Phone #1: _____ Phone #2: _____

Cell #1: _____ Cell #2: _____

INSTRUCTIONS: ALL medications must be provided in their original packages (especially prescription medications in their original prescription bottles). Furthermore, it is a BSA requirement that ALL medications be kept under lock and key by an adult leader and that clear instructions for dispensing be provided. The only exceptions to this would be an asthma inhaler which the boy is permitted to carry with him for immediate use in case of an asthma attack. The rescue medicine must be listed also.

This isn't just a Troop 313 rule, but a BSA rule. Any medication that a scout would normally take during the week/school year such as, medicine for ADHD, should be continued during a Scout Outing (weekend and/or long term camping such as, summer camp).

Name of Medicine	Dosage	For	Notes

Anything you want us to be aware of or look out for? Allergic reactions? headaches?

**BSA TROOP 313
DES PERES, MISSOURI**

OVER THE COUNTER MEDICATION PERMISSION FORM

I hereby give my permission to the scoutmaster or his designated assistant to provide the following over-the-counter medication to my son in the event of a minor illness.

- cold Medication (i.e.. decongestant, antihistamine)
- headache or pain (i.e.. acetaminophen/Tylenol)
- anti-itch medication (i.e.. benedryl)
- sore throat medication
- cough medication
- allergy medication
- other _____

Please list all the over-the-counter medications that your son should *not* be given.

Scout's Name

Parent's Signature