

Medication Permission Form

Needed to dispense Over-the-Counter Medications

Scout's Name _____ DOB _____ Unit _____

Please note that you must bring all medication in **ORIGINAL BOTTLES** with specific directions.

Drug Name	Route	Dosage	Schedule & Indications	Comments

The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check mark if this patient may receive these medications.

- Caldecort/Cortison cream to affected area PRN minor skin irritation.
- Acetaminophen 15mg/kg Q4hr PRN temp < 101 F, minor pain or discomfort.
- Ibuprofen 200mg-400mg Q4-6hr PRN minor pain or discomfort.
- Robitussin 1-2 Tsp PO Q6-8hr PRN coughing.
- Benadryl Elixir/Tab 12.5-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24 hr, minor allergic reaction.
- Chloraseptic Spray PO Q2-4 hr PRN minor throat discomfort.
- Neosporin/Bacitracin Antibiotic Ointment apply topically to affected area PRN minor cuts/ abrasions.
- Caladryl/Calahist lotion apply topically to affected area PRN minor itching.
- Kaopectate 30-60 ml PO PRN after each loose BM, not to exceed 6 doses/day or a period < 48hrs.
- AAfter Bite@ (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- A & D Ointment to affected area PRN minor skin irritation.

***NOTE:** If there are any changes in medications or other medical information after this form is submitted, please notify the camp in writing.

 I recommend this child for the camp program believing that he will benefit from the camp experience and will not endanger or be endangered by the group and its activities.

Physician=s/Practitioner=s Signature: _____

Date: _____

Name: _____ License # _____

Address: _____ Phone: _____