

# TROOP 505 Over the Counter (OTC) Medication Form

(ver. 6-2016)

Scout Name (Last, First)	DOB	Weight
Parents Contact Number : Primary -		Other-
<p><b>AUTHORIZATION:</b> I hereby authorize the designated adult in charge of medications or any adult signed up to supervise an event of Boy Scout Troop 505 to dispense to my above named son the medicines indicated by my initials below, or <b>if I initial the first line and check the box labeled “No Limitations,” all medications listed below can be given to my son.</b> Unless stated otherwise in the limitations/special instructions sections below, these medicines may be administered at the discretion of the adult administering the medication for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a youth of the age/weight of my son.</p>		
<b>OTC Medication</b>	<b>Initials</b>	<b>Limitations/ Special Instructions</b>
• <b>All of the medications listed below</b>		• <b>No limitations</b>
<b>PAIN RELIEF:</b> Acetaminophen (e.g., Tylenol and generics), Ibuprofen (e.g., Motrin, Advil, and generics), Naproxen Sodium (e.g., Aleve and generics)		
<b>DECONGESTANT:</b> Phenylephrine HCl, Pseudoephedrine (e.g., Sudafed, and generics)		
<b>ANTIHISTAMINE/ALLERGY:</b> Diphenhydramine (Benadryl and generics) Loratadine (e.g., Claritin and generics), Chlorpheniramine Maleate, Dimetapp		
<b>ANTIDIARRHEA:</b> Pepto Bismol and generics, Imodium and generics		
<b>ANTIACIDS/ ACID CONTROLLERS:</b> Calcium Carbonate, Magnesium Hydroxide, and/or Aluminum Hydroxide (e.g., Tums, Rolaids, Mylanta, Maalox), and others containing some or all of these ingredients, and generics) ,		
<b>MOTION SICKNESS TREATMENT:</b> Dimenhydrinate (e.g., Dramamine and generics), Meclizine hydrochloride (e.g., Bonine and generics)		
<b>TOPICAL ANTISEPTICS AND SCRUBS:</b> Povidone iodine (Betadine and generics), Hydrogen peroxide, Cholorhexidine (Hibiclens) and other general antiseptics		
<b>TOPICAL ANTIBIOTICS:</b> Neosporin, Bactine, triple antibiotics (including generics) and similar products contains antibiotics with or without topical pain relief		
<b>TOPICAL BURN/ SUNBURN RELIEF:</b> Creams and Gels including aloe vera and other products labeled as providing relief from minor sunburn and burns		
<b>TOPICAL ITCH / RASH RELIEF:</b> Hydrocortisone (Cortaid and generics), Diphenhydramine Hydrochloride (Benadryl Itch Relief and generics), Calamine Lotion, Loratadine (e.g., Claritin and generics)		
<b>LIP BALMS OR OINTMENT:</b> Petroleum jelly, Vaseline, lip balm, Chapstick, Blistex, Carmex or some other similar lip balm or ointment used to treat or relieve chapped, cracked or sunburned lips.		
<b>TOPICAL MEDICAL POWDERS:</b> Gold Bond and others - Ingredients include menthol, zinc oxide, talcum powder, corn starch etc. for itch relief		

<b>TOPICAL BITE/ TOXIN NEUTRALIZERS:</b> Meat tenderizer, After Bite, (containing ammonia), baking soda, papain, vinegar, and/or other ingredients to neutralize toxins)		
<b>SORE THROAT:</b> Cough Drops or throat lozenges (any brand) and numbing sprays such as Chloroseptic		
<b>COUGH DROPS:</b> All types of cough drops used to control minor coughing due to irritation, cold, sore throat or allergy.		
<b>COUGH MEDICINE:</b> Any type of cough medicine readily available at a pharmacy over the counter to treat routine coughing.		
<b>EYE DROPS:</b> Any eye drops used for allergy, irritation or fluid for flushing a foreign matter out of the eye.		
<p><b>I, the parent or legal guardian of the above scout authorize the giving of medication as indicated above. I will not hold the dispensing individual, Troop 505, the leaders, Scoutmaster or Assistant Scoutmasters, or Boy Scouts of America liable for administering or not administering the above medication, or any adverse/ allergic reactions my son may have. This form remains in effect until withdrawn in writing by the parent.</b></p> <p><b>Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____</p>		

## QUESTIONS & ANSWERS FOR TROOP 505 OTC MEDICATION FORM

### • Why am I being asked to sign this form?

Current BSA policy states: The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so.

The policy of Troop 505 is **all medication, prescription and nonprescription, that your son is currently taking, or may take as a result of an illness or injury, will be dispensed by the designated adult in charge of medication.** This approach will make it easier to keep track of the Scouts illnesses, injuries and medications they are taking. Sometimes on overnight trips or longer activities, a scout can develop a minor illness or condition (e.g., head cold, upset stomach, insect bite, sunburn). He may benefit from using nonprescription – over the counter (OTC) - medication. A Troop OTC Medication Form allows parents the option to specify if their son can receive selected nonprescription, OTC medication."

Completing this OTC Medication Form will allow your son to receive OTC medications if selected by the parent and in the judgment of the adult leader in charge of medication, is appropriate for the condition. We recommend that at a minimum you provide authorization to treat minor conditions.

- **How long does this form remain in effect? Unlike the Troop Medication Form, the OTC Medication Form remains in effect until withdrawn by the parent in writing.** Note: Any nonprescription medicine should be acceptable for use with any prescription medication the scout is taking, and vice versa. You may want to check with the prescribing physician. Please review the OTC form if your son starts a prescription medication. It is the parent/guardian's responsibility to update this form in writing and to avoid any drug interactions between prescription and non-prescription medications. Troop 505 and its leaders are not responsible for any adverse reaction from prescription medication that your son is on and any OTC medications that you have authorized under this form.
- **What if I don't sign?** Signing the form is entirely optional and voluntary. If you choose not to sign, your son will not be given any type of OTC non-prescription medicine by the leaders of Troop 505 without your express permission.
- **What if I want a call first?** If you want a call before any medication is given to your son, **don't sign this form.** If you want a call for some situations but not others, for example, no call for triple antibiotic ointment for a minor cut, but want a call before your son is given an histamine blocker like Benadryl®, make a note to "call first" in the limitations/special instructions section for that medication.
- **What about products not labeled for children under 12?** Some products, such as Pepto-Bismol®, contain ingredients the FDA has determined should not be given to children under 12 without consulting a physician. If your child is under 12, we will not dispense these medicines unless you check the box or insert a special instruction saying that it is OK.
- **What if I want a reduced dosage from what is on the label?** Please note this in the limitations/special instructions section for that medication.
- **Who decides whether my son needs something?** This form gives the designated adult in charge of medications or any adult who is signed up to supervise the event permission to give OTC medication to your son. It is the policy of the troop for the Scoutmaster and adult leader in charge to be consulted in the event of illness or injury to a Scout. If the adult in charge of medication is not readily available, an available adult who is signed up for the event may use his or her discretion to administer medications.
- **How do you know my son really needs medication?** Sometimes we don't know for sure. From time to time, Scouts will report both real and imaginary ailments. Sometime, the real problem is homesickness. Sometimes, there are other causes. For example, headaches can be the result of dehydration or sunburns. While we will seek to determine and address the source of the symptoms, most of us are not doctors or mind-readers and must rely on our first aid training, experience and judgment combined with the reports from your son. If a Scout reports a headache and you have authorized acetaminophen, we may give him a dose, even if we are unable to objectively verify he has a headache or determine a potential cause, to see if that solves the problem. If it does not and significant complaints persist, we will consult with the medical personnel at a camp (if applicable) or call a parent.

- **What if my son is really sick or hurt?** Expect us to contact you. If a Scout has a fever, vomiting or other significant symptoms or injuries, we will call a parent and/or seek appropriate professional medical care in accordance with the other medical authorizations you have executed in the BSA Annual Health and Medical Record/ BSA Permission Form. This form is only for nonprescription and OTC medications.
- **What if a medication is not on the list?** If the medication, its generics or its category are not on the list, we will not give it to your son without calling you. If you think we missed something that should be on the list, let us know.
- **What if my son does not want to use the medication?** We will try to contact you and advise you that he does not want to use the medication we think he needs.
- **What does “topical” mean?** That is something that goes on the skin rather than in the mouth.
- **My son has an inhaler for asthma attacks or takes prescription medicine or nonprescription medicine if a known condition arises. Is this the form for that?** No, this form is for unanticipated needs for non prescription, OTC medicine. If your son has regularly prescribed or nonprescription medication that must be administered during a Scouting activity, or on an as needed basis, this information must be included on his BSA Health and Medical Record form, and on Troop 505 Medication Form.
- **What if I still have questions?** We invite you to ask the Scoutmaster, Assistant Scoutmaster or Committee Chair.