OVER THE COUNTER MEDICATION PERMISSION SLIP

Camp Attending: (please circle)	Easton	Cub Country	Grizzly
		North Idaho High Adv Base	Cub Scout Day Camp
Scout Name:	-	Unit No:	
Camp Session Attending:		Scout Date of Birth:	

I give the camp staff leadership permission to administer the following over-the-counter medications, should the need arise, while the Scout is at camp. I further certify that, to the best of my knowledge, the Scout is not allergic to any of the approved over-the-counter medications. Dosages will be administered according to the directions on the label unless a physician directs otherwise.

Please cross off any medications that are NOT approved and sign below:

<u>Pills and Chewables</u>	
Headache	Tylenol (acetaminophen) or Motrin (ibuprofen)
Muscle Pain	Motrin (ibuprofen)
Upset Stomach	Pepto Bismol (bismuth subsalicylate), Tums (calcium carbonate), Maalox (magnesium hydroxide and aluminum hydroxide)
Diarrhea	Immodium AD (Loperamide HCl)
Bee/Wasp sting	Benadryl(Diphenhydramine HCl)
Allergy	Benadryl (Diphenhydramine HCl)
Cold Medicine	Sudafed (Pseudoephedrine HCl)
Topical	
Cuts	Bacitracin-neomycin-polymyxin-B antibiotic ointment
Poison Ivy	Calamine lotion (zinc oxide), Benadryl cream (diphenhydramine) or Cortaid cream (hydrocortisone)
Bites and itches	Calamine lotion (zinc oxide), Benadryl cream (diphenhydramine) or Cortaid cream (hydrocortisone)
Athletes Foot	Tinactin spray (Tolnaftate)
Sunburn	Solarcaine spray (Lidocain, Triclosan), Aloe

These items are stored in the camp health lodge. Please do not send these medications with the Scout.

Generic brands may be substituted for name brands.

Print Scout's name:_____

Parent/Guardian signature:_____

Date:_____

Parent/Guardian phone number:_____