

# Custaloga Town OTC Medication Release Form

Camper's Name: \_\_\_\_\_

District: \_\_\_\_\_ Unit: \_\_\_\_\_ Camp Session #: \_\_\_\_\_

Leader: \_\_\_\_\_ Date: \_\_\_\_\_

## Over the Counter (OTC) Medication

We are delighted your son will be camping at Custaloga Town Scout Reservation this summer. We would like to inform you of the French Creek Council's policy on medication at Scout Camp. This policy was developed to comply with the National Standards of the Boy Scouts of America and the Commonwealth of Pennsylvania.

The Custaloga Town Scout Reservation Medical Director and/or other Health Lodge Staff reserve the right to make medical decisions regarding the participation of individuals at camp activities.

It is a condition of your child's attending camp that you grant permission to the Health Lodge Staff to treat you child for emergency or necessary health concerns. This may include providing these OTC medications listed below to you child, should they develop any of the listed conditions, or other medications as deemed necessary by the camp physician.

Colds .....	RobitussinDM, Throat Lozengers, Chloroseptic Spray, Sudefed (for daytime), Dimetapp (at bedtime)
Sprains.....	Ibuprofen (Motrin or Advil), Acetaminophen (Tylenol), Naproxen (Aleve)
Constipation .....	Milk of Magnesia, Glycerin Suppository
Swimmer's Ear.....	Cortisporin Otic Drops
Diarrhea.....	Pepto Bismol, Imodium AD
Allergies.....	Benadryl
Wounds .....	Bacitracin Ointment, Betadine

Or other medications so recommended by our camp physician

Participants will not be charged for medications provided by the Health Lodge.

If you son is allergic to any of the above listed OTC drugs or had other allergies, please explain below.

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### **Council Policy on OTC medication at camp:**

To prevent problems with giving you child medication, this form **MUST** be completed for any OTC medication along with their BSA Medical Form.

**Medication CAN NOT be given to your child unless the camp is in receipt of this form.**

Signature (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_