



Over-The-Counter Medications Release Texas Trails Council, BSA



Name of Camper: _____ Age: _____ Date of Birth: _____

Troop Number: _____ Campsite: _____

The Health Lodge has the following medications available for campers. As the Parent or Legal Guardian, you can give permission for the Camp Health Officer to administer any of the following medications by placing your initials in the column next to the appropriate medication. **Please turn this form in with your Health form.**

Name of Medication	Initial of Parent or legal guardian
Alka-Seltzer	
Benadryl Allergy	
Cepacol	
Hydrocortisone Anti-Itch cream	
Ibuprofen, Regular Strength	
Mylanta	
Pepto-Bismol, Regular Strength	
Robitussin, Liquid	
Sudafed	
Tums Anti-acid	
Tylenol Cold	
Tylenol, Chewable	
Tylenol, Regular Strength	

Note: The listed above items will be under lock and key at the Health Lodge.

As Parent or Legal Guardian of the above-named camper, **I give permission** to the Camp Health Officer to administer **ONLY** the medications that I have initialed in the column next to the medication. I understand that if I have not initialed the item, the Camp Health Officer may not administer that medication.

Date: _____

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

As Parent or Legal Guardian of the above-named camper, **I do NOT give permission** for the Camp Health Officer to administer any over-the-counter medications. If the camper needs one of the medications, Camp Health Officer will contact one of the Parents or Legal Guardians. Please give the Camp Health Officer the following information: Name of Parents or Legal Guardians: _____

Day Time Phone Numbers: _____

Night Time Phone Numbers: _____

Date: _____ Signature of Parent/Legal Guardian: _____