

## Troop 31

### Authorization to Administer Non-Prescription Medication

Name of Scout: \_\_\_\_\_

In consideration of the communication difficulties and the possibilities of illness or injury during camping, backpacking and other trips, the following non-prescription medications may be carried in the Troop 31 First Aid Kit, or by adult leaders. Please signify your approval to administer these medications to your son or daughter based on need and adult leader judgment. Any medication marked "NO" will NOT be administered. Note that we may use generic products as substitutes for brand name medicines.

<b>Medicine Name **</b>	Select 'Yes' if leaders can administer, or 'No' if you do not want the medicine to be administered	
	<b>Yes</b>	<b>No</b>
<b>Advil / Ibuprofen</b> for pain, fever or inflammation		
<b>Tylenol / Acetaminophen</b> for pain or fever		
<b>Analgesic Cream Rub</b> (Topical, Aspirin Free) for pain		
<b>Anti-fungal Cream</b> or Powder for athlete's foot, chafing, jock-itch		
<b>Benadryl / Diphenhydramine</b> Tablets for minor allergic reactions		
<b>Benadryl Topical Cream</b> for insect bites or rashes		
<b>Bonine / Dramamine / Meclizine</b> tablets for motion sickness		
<b>Cortaid / Hydrocortisone</b> Topical Cream		
<b>Imodium A-D / Loperamide</b> Tablets for diarrhea		
<b>Pepto-Bismol</b> for stomach and gastrointestinal discomfort		
<b>Maalox and Roloids</b> for stomach discomfort		
<b>Cortaid / Hydrocortisone</b> Topical Cream for insect bites, poison, allergies, or rashes		
<b>Sudafed / Pseudoephedrine</b> for sinus pain or stuffy nose		
<b>Vizine / Saline Eye-drops</b>		
<b>Neosporin</b> or other Antibiotic Ointment for cuts and scrapes		
<b>Ayr Saline Nasal Gel</b> or saline nasal spray to prevent bloody noses		
<b>Sunscreen / Lip Balm</b> for sun protection (note any allergies below)		
<b>Insect Repellent</b>		

\*\* *Leaders will follow the dosage instructions on product package unless you specifically note otherwise in the section below.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mobile Phone Number

Please note **any known drug allergies and any non-prescription medication concerns** below: