

BSA TROOP 71, Beavercreek, Ohio

Over The Counter (OTC) Medication Authorization

This form authorizes registered adult leaders of Boy Scout Troop 71 to dispense over-the-counter (OTC) (i.e., non-prescription) medications to scouts under their supervision if, in the leader's judgment, it is appropriate. Execution of this form is voluntary; however, under BSA policy, adult leaders are prohibited from dispensing medications to scouts without parental approval. If this authorization is not provided, no medications of this type will be given to your son unless you can be contacted to give specific permission. **THIS FORM IS NOT FOR PRESCRIPTION OR REGULARLY ADMINISTERED MEDICATIONS.** If your son needs to take prescription medications at a scout function, a separate form is available for that purpose. Please see FAQ on reverse for additional information.

Name of Scout (Last, First): _____ **Age** _____ **Date of Birth** (mm-dd-yyyy) _____

DRUG ALLERGIES: Please list all drug allergies. No known drug allergies _____ (Parent/Guardian initials)

AUTHORIZATION: READ CAREFULLY. I hereby authorize any registered adult leader of Boy Scout Troop 71 ("Leader") to dispense to my above-named son the medicines indicated by my initials below, or if I initial the first line, all medications listed. Unless stated otherwise in the limitations/special instructions sections below, these medicines may be administered at the discretion of a Leader for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a boy of the age/size of my son. This authorization shall remain valid for one year from the date of signing shown below.

Initials	Medication	Limitations/Special Instructions (if needed, continue on separate sheet)
	<input type="checkbox"/> I authorize all OTC medications below to be administered to my child.	
	Pain relief. Acetaminophen (Tylenol® and generics); ibuprofen (Motrin®, Advil® and generics) ; Naproxen Sodium (Aleve® and generics)	
	Loperamide. For diarrhea. (Imodium® and generics)	
	Diphenhydramine Hydrochloride. Histamine blockers for allergic reactions. (Benadryl® and generics)	
	Antacids. Calcium Carbonate, Magnesium Hydroxide and/or Aluminum Hydroxide (Tums®, Roloids®, Mylanta®, Maalox® and other antacids contain some or all of these substances and in some cases other ingredients, such as gas reducers.)	Some of these products not labeled for children under 12 years old. Dispense products with label limitations anyway? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Bismuth Subsalicylate. For heartburn, upset stomach (Pepto-Bismol®, Kaopectate® and generics)	Not labeled for children under 12 years old. Dispense anyway? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Motion Sickness Remedies. Dimenhydrinate (Dramamine®), Meclizine hydrochloride (Bonine® Antivert® Dramamine II®)	Meclizine hydrochloride not labeled for children under 12 years old. Dispense anyway? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Topical "first aid" products. Antibiotics and topical pain relievers (Neosporin®, Bactine®, and generics).	
	Topical antiseptics and scrubs. Povidoneiodine (Betadine® and generics), alcohol, Chlorhexidine (Hibiclens®), and hydrogen peroxide.	
	Topical Burn/Sunburn Relief Products. Creams and gels, including aloe vera and other products labeled as providing relief for minor burns/sunburns.	
	Topical Itch Relief. Hydrocortisone (Cortaid® and generics); Diphenhydramine Hydrochloride (Benadryl® Itch Relief and generics); Calamine lotion	
	Topical Medicated Powders. Itch and minor pain relief (Ingredients include menthol, zinc oxide talcum powder, corn starch, etc.)	
	Swimmer's Ear Prevention Drops. Alcohol/Vinegar mixture and similar products.	
	Topical Bite/Toxin neutralizers. Meat tenderizer, AfterBite® etc. May contain ammonia, baking soda papain, vinegar and/or other ingredients to neutralize toxins.	
	Tincture of Benzoin. Used on skin adjacent to cuts to improve adhesion of bandages or steri-strips®	

I certify that I have read and understand this document and that I have the authority as a parent or guardian of the above-named scout to authorize the administration of OTC medications authorized above.

Printed Name _____ Date _____ Signature _____
 Contact Phone Number(s) _____
 Home _____ Work _____ Cell _____ Other _____

FREQUENTLY ASKED QUESTIONS

- **Why am I being asked to sign this form?** The Boy Scouts of America prohibits registered Adult leaders (Scoutmaster, Assistant Scoutmasters, Committee Members, etc.) from administering any medication whatsoever to a scout without parental permission. Experience has shown that from time to time, scouts will need first aid or medication for minor conditions. Signing this form provides that permission without making us find you first.
- **What if I don't sign?** Signing the form is entirely voluntary. If you choose not to, your son will not be given any type of medicine without your express permission. For example, if your son has sunburn, we will not be able to give him anything for it until we contact you. Sometimes, we are out of communication range, or even though within range, are unable to reach a parent. So, that means that needed medication could be delayed or prevented altogether, prolonging discomfort for your son. In some cases, as with bite toxin neutralizers, prompt administration is essential for the medication to have effect.
- **Who decides whether my son needs something?** This form gives any registered adult leader of the troop permission to give medication to your son. It is the practice of the troop for the Scoutmaster or other adult leader in charge of an event to be consulted in the event of illness or injury to a scout, but other registered leaders may use their discretion to administer medications when the leader in charge is not readily available. This form does not give permission for any parent who may be attending an event to give medication to your son. It is restricted to registered adult leaders.
- **What does "topical" mean?** That is something that is applied on the surface (e.g., skin) rather than taken internally, such as pills or chewable medicines.
- **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 okay.
- **What if I want a call first?** If you want a call before any medication is given to your son, don't sign the form. If you want a call for some situations but not others, for example, no call for triple antibiotic ointment for a scraped knee, but want a call before your son is given an histamine blocker such as Benadryl®, make a note to "call first" in the limitations/special instructions section for that medication.
- **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.
- **How do you know my son really needs medication?** Sometimes we don't know for sure. From time to time, boys will report both real and imaginary ailments. For example, headaches may be the result of dehydration or sunburns. A scout may also complain of a headache simply because he's homesick. While we, the Leaders, 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. If a boy 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 the complaint persists, we will call a parent.
- **What if my son is really sick or hurt?** Expect a call. If a boy 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. Again, this form is only for over-the-counter medications.
- **My son has an inhaler for asthma attacks or takes prescription medicine. Is this the form for that?** NO. This form is for unanticipated needs for over-the-counter medicine. If your son has regularly prescribed medication that must be administered during a scouting activity, or on an as needed basis, you need to provide the medication and a separate permission/instruction sheet (the BSA Medical Form) to the adult leader in charge of the event when you drop off your son. Please do not give it to any adult going on the trip or to your son to turn in. **To ensure proper accountability and that your son gets the prescription medication(s) he needs, you must turn in the medication and form to the adult leader in charge or the adult leader expressly assigned responsibility for medications.**
- **What if a medication is not on the list?** If the medication, its generic, or its category is 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, please let us know.
- **What if I still have questions?** Please talk to the Scoutmaster, Assistant Scoutmaster, or Committee Chairperson.