

# Boy Scouts of America Troop 2

St. John's Lutheran Church, Elgin, Ill.

## AUTHORIZATION TO DISPENSE MEDICATION

The designated Adult Leader may administer the following medication to the scout named below. This form is good for one year from the date below, unless medications change.

Scout's Name \_\_\_\_\_

Medication Name \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name \_\_\_\_\_ Taken For: \_\_\_\_\_

## Over The Counter Medication Administration form

**TROOP 2** carries the following oral medications in its first-aid kit. **PLEASE CHECK** or list below acceptable medications:

- |  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Diphenhydramine (Benadryl)           |
| <input type="checkbox"/> Ibuprofen (advil)       | <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol) |
| <input type="checkbox"/> Loperamide (Immodium)   | <input type="checkbox"/> Antacids (Mylanta, Tums, etc.)       |
| <input type="checkbox"/> Other (list) _____      |   |

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

**PLEASE NOTE:** This authorization to administer medication to YOUR Scout is for his health and safety during Troop 2 activities. Without this form properly completed, your Scout will not be allowed to participate in Troop 2 activities unless a parent or guardian accompanies him.