FIVE RIVERS COUNCIL
BOY SCOUTS OF AMERICA
Summer Camp Medication Permission Form

Last Name: _____ First Name: _____ Unit: _____

Address: _____ Unit Town: _____

Phone: _____ DOB: _____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider Approval		Camper Health Care Provider Initials	Comments
Benadryl (Diphenhydramine)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	No		
Imodium (Ioperamide)	Initial 4 tsp. repeat 2 tsp.	Diarrhea as needed for watery stool limit 8 tsp.	Yes	No		
Maalox	30 cc	Indigestion/ heartburn once	Yes	No		
Milk of Magnesia	30 cc	Constipation daily twice as needed	Yes	No		
Robitussin	Per label instructions	Colds every six hours as needed	Yes	No		
Tylenol (Acetaminophen)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No		
Topical Agents	**Dosage**	**Indication and Schedule**	**Camper Health Care Provider Approval**		**Camper Health Care Provider Initials**	**Comments**
Bacitracin	Per label instructions	Wound care twice daily and as needed	Yes	No		
Caladryl (Pramoxine)	Per label instructions	Insect Bites/ Poison Ivy twice daily and as needed	Yes	No		
Desenex Powder (Miconazole)	Per label instructions	Athletes Foot twice daily and as needed	Yes	No		
Lotrimin (clotrimazole)	Per label instructions	Jock Itch three times daily	Yes	No		

Tylenol Dosing				
Wt. (pounds)	50-75	75-95	95-150	>150
Dose	325 mg	500 mg	650 mg	1000 mg

Prescription or OTC medication	Dosage/ Route	Indication and Schedule	Camper Health Care Provider Self Administration		Camper Health Care Provider Initials	Comments
			Yes	No		
			Yes	No		
			Yes	No		

Health Care Provider: _____ Phone: _____

Address: _____ License: _____

Health Care Provider signature: _____ Date: _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian: _____ Date: _____