

Many Point 2010- OTC Form

Consent for Over-the-Counter Medication Administration

While at Many Point Scout Camp, the adult leaders will have a well-equipped troop first aid kit at the main campsite. This kit contains common medications used for treating mild illness and minor injuries. The medications are used in full accordance with label directions and administered by the adult medical designee. Below is a list of those medications. Please circle **YES** if it is an acceptable medication for your son to receive or circle **NO** to indicate any medications you do not want your son to receive. **If your child is on a prescription medication, please check with your physician or pharmacist regarding OTC drugs that are contraindicated.**

Yes	No	Auro-Dri (water in the ears)
Yes	No	Tylenol (pain relief and fever control)
Yes	No	Ibuprofen (pain relief and fever control)
Yes	No	Pepto-Bismol (upset stomach and diarrhea. Contains salicylate which is an aspirin-like substance.)
Yes	No	Tums (upset stomach)
Yes	No	Imodium (severe diarrhea)
Yes	No	Cortaid (anti-itch cream containing cortisone)
Yes	No	Calamine lotion (drying agent for poison ivy, oak or sumac)
Yes	No	Neosporin or Bacitracin (antibiotic ointment for minor wounds)
Yes	No	Sudafed (decongestant)
Yes	No	Benadryl (insect bites and mild allergic reactions)

Prescription Medication Policy

In accordance with Many Point Camp policy, all medication must come to camp in its original prescription bottle including Scout's name, dosage and frequency. Prescription medications must be stored in a locked box while at camp. **Any medication to be taken at camp must be listed on the camper's physical form.** The adult medical designee will assist the Scout with administration of medication as prescribed. Parents must indicate the circumstances under which medicines prescribed "as needed" are to be given. All campers who use "rescue" drugs for such conditions as severe allergic reactions, or management of diabetes or asthma will be urged to carry the medication with them at all times. Wearing a fanny pack containing the drug, description of the problem and instructions for use is recommended.

Special Instructions Regarding Your Son

In order to ensure that your son has the best possible camping experience, please let us know of any special needs or concerns you/he may have. Include such items as bedwetting, night terrors, extreme fears (such as water, heights, etc.) or anything else the adult leaders need to be aware of in case your son becomes agitated or upset for no apparent reason. This information will be kept confidential but is essential to keeping your son happy at camp.

I have read the Consent for Over-the-Counter Medication Administration and the Prescription Medication Policy. I have circled YES for those medications that my son may receive if needed and NO for those my son should not use. I agree to abide by the Prescription Medication Policy. I further agree that the adult leaders of Troop 346 may, at their absolute discretion, decide that a Scout's medical and/or related behavioral condition is beyond their capability to adequately monitor and require that a parent or guardian must accompany the Scout to camp.

Parent
Signature: _____ Date: _____

Scout Name: _____ Number of Years at MP (including 2010) _____