Troop 42 - New Fairfield, CT
Medications Permission Form
(To Be Completed Annually and Submitted With BSA Medical Form)

Last:_____ First:_____ Unit:_____

Address:_____ Unit Town:_____

Phone:_____ DOB:_____ Weight:_____

Parent/Guardian Approval: I request that my son/daughter receive the over the counter and prescription medications as indicated by my child's Health Care Provider and request self administration of prescription drugs if approved.

Signature:_____ Relationship:_____ Date:_____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Benadryl (Diphenhydramine)	<90# 25mg >=90# 50mg	Allergic Reaction/Hay Fever Every six hours as needed for 24 hours	yes no		
Imodium	initial 4 tsp repeat 2 tsp	Diarrhea as needed for watery stool limit 8 tsp	yes no		
Maalox	30 cc	Indigestion/Heartburn	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)	15mg/kg (see below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	yes no		
Advil, Motrin (Ibuprofen)	200 mg	Fever, Headache, Pain Control, Toothache every 4 hours as needed	yes no		
Topical Agents					
Bacitracin	per label instructions	Wound care twice daily and as needed	yes no		
Caladryl	per label instructions	Insect Bites/Poison Ivy twice daily and as needed	yes no		
Desenex Powder	per label instructions	Athletes Foot twice daily and as needed	yes no		
Lotrimin	per label instructions	Jock itch three times daily	yes no		

Tylenol Dosing

Weight (pounds)	50-75	75-95	95-150	>150
Dose	325 mg	500 mg	650 mg	1,000 mg

Prescription Medication	Dosage & Route	Indication & Schedule	Camper Health Care Provider		Comments
			Self Administration	Initials	
			yes no		
			yes no		
			yes no		
			yes no		

Health Care Provider:_____ Phone:_____

Address:_____ License #:_____

Signature:_____ Date:_____

(This form adapted from Westchester-Putnam Council Summer Camp Medications Permission Form – 2010)