TROOP 165

PERMISSION TO DISPENSE MEDICATION TO A MINOR

This form is to be used by parents when medication needs to be dispensed to a minor during an outing.

Please complete the form below and return to the in charge of the event.

PLEASE NOTE: All prescribed and over the counter medications must be in their original containers with the original dosage or prescribed directions on the containers label. Pills and/or vitamins will not be allowed in a baggie or pre-counted in a pill box. Include such things as allergy and pain relief medications. If a prescription does not have your child's name as the designated patient, the medication will not be administered. Over the counter or prescription medications will be collected by the adult-in-charge or other designated leader who will be responsible for dispensing the medication.

The only exceptions will be the Epi-Pens and inhalers, which should be listed below and carried by the scout. Medication will not be dispensed without a parent/guardian signature.

	(F	Parents retai	n top part for your information)				
		(Cut off bot	tom part and return to leader)				
Name of minor				Age			
1. My child is allergic	to the f	followin	g medications.				
A	E	3	C				
2. My child takes the	medica	tions lis	ted below on a regular bas	is.			
Medication Name	Prescri	ption/N	on-Prescription	Dosage Amount & Time			
A							
В							
C							
	on to tal	ke the o	ver the counter medication				
Acetaminophen (Tylenol)	Yes	No	Ibuprofen (Advil, Motrin) Yes	No		
Throat Lozenges	Yes	No	Antibiotic Ointment	Yes	No		
Eye Rinse	Yes	No	Caladryl/Benadryl	Yes	No		
Tums	Yes	No	Hydrocortisone Cream	Yes	No		
Signature of Parent/Guard	gnature of Parent/Guardian			Date			
Print Name		Relationship					