

## Citta Scout Reservation Over the Counter Medication Information

JOSEPH A. CITTA SCOUT RESERVATION

Camper's Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Age: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Campsite: \_\_\_\_\_

The Citta Scout Reservation Medical Office has the following medications available in case your Scout should need. This form indicates what medication(s) you will allow our Health Officer to dispense should the event arise. Please initial what medications you give permission for our Health Officer to dispense. If you do not wish for your child to be given any medications during his stay please indicate that below.

Name of Medication	Initial of Parent
Tylenol, Regular Strength	
Tylenol, Chewable	
Tylenol Cold	
Pepto-Bismol	
Mylanta	
Benadryl Allergy	
Sutafed	
Robotussin	
Cepacol	
Ibuprofen	
Tums	
Ibuprofen	

As parent or legal guardian of the above named child I give the Health Officer permission to administer the medications that I have initialed. I understand that if I have not initialed the item the Health Officer will not be able to administer any medications.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

As parent of legal guarding of the above named child I do NOT want the Health Officer to administer any over the counter medications. In the event my child needs one of the medications the Health Officer will contact me.

Please provide us with contact information:

Parent/Guardian Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Printed: \_\_\_\_\_