



## Citta Scout Reservation

### Over the Counter Medication Information

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

The Citta Scout Reservation Health Officer has the following over the counter medications available for your scout should he/she need any. This form indicates which medication(s) you will allow our Health Officer to dispense should the event arise. Please initial the medications you give permission for our Health Officer to dispense to your child by completing **Option A**. If you do **NOT** wish for your child to be given any over the counter medications during his/her stay, please indicate that below by completing **Option B**.

Name of Medication	Initial of Parent/Guardian
Tylenol, Regular Strength	
Tylenol, Chewable	
Tylenol, Cold	
Pepto-Bismol	
Benadryl Allergy	
Sutafed	
Robotussin	
Chloraseptic Lozenges	
Ibuprofen	
Tums	

#### Option A: Allow Meds as Needed

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: \_\_\_\_\_

#### Option B: No Over the Counter Medication Permitted

As parent or legal guardian 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 listed, the Health Officer should contact me.

Please Provide Contact Information:

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

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