



**FIVE RIVERS COUNCIL
BOY SCOUTS OF AMERICA
Summer Camp Medication Permission Form**

Last Name: _____ First Name: _____ Unit: _____

Address: _____ Unit Town: _____

Phone: _____ DOB: _____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Benadryl (Diphenhydramine)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	No	
Imodium (loperamide)	Initial 4 tsp. repeat 2 tsp.	Diarrhea as needed for watery stool limit 8 tsp.	Yes	No	
Maalox	30 cc	Indigestion/ heartburn once	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)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No	
Topical Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Bacitracin	Per label instructions	Wound care twice daily and as needed	Yes	No	
Caladryl (Pramoxine)	Per label instructions	Insect Bites/ Poison Ivy twice daily and as needed	Yes	No	
Desenex Powder (Miconazole)	Per label instructions	Athletes Foot twice daily and as needed	Yes	No	
Lotrimin (clotrimazole)	Per label instructions	Jock Itch three times daily	Yes	No	

Tylenol Dosing					
Wt. (pounds)	50-75	75-95	95-150	>150	
Dose	325 mg	500 mg	650 mg	1000 mg	

Prescription or OTC medication	Dosage/ Route	Indication and Schedule	Camper Health Care Provider		Comments
			Self Administration	Initials	
			Yes	No	
			Yes	No	
			Yes	No	

Health Care Provider: _____ Phone: _____

Address: _____ License: _____

Health Care Provider signature: _____ **Date:** _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian: _____ **Date:** _____