

Sam Houston Area Council – Boy Scouts of America
National Youth Leadership Training
Over-The-Counter Medications Form

Participants Name: _____ Home Unit: _____

INSTRUCTIONS:

1. The Over-The-Counter medications listed will be available in the course First Aid Kit.
2. **ALL** participants **MUST** complete and submit a signed copy of this form.

Check one:

- No Over-The-Counter medications are to be given.
- Authorize administration of Over-The-Counter medications as indicated (circle each as approved or not).

Signed (Parent or Guardian)

Date

Each medication administered according to manufacture instructions with regard to strength and frequency.

| | |
|---|---|
| Ibuprofen (trade name Advil®) | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |
| Acetaminophen (trade name Tylenol®) | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |
| Antihistamine (trade name Benadryl®) | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |
| Antacid (trade name Tums®) | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |
| Bismuth subsalicylate (trade name Pepto-Bismol®) | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |
| Calamine Lotion | Approved Not Approved <i>(circle one)</i> |
| Any special reason for taking this medication? _____ | |