



Troop 457 Scout Name: _____ DOB: ____/____/____

PARENT CONSENT FOR MEDICATIONS AND TREATMENT

This form will be available to the adult leaders in charge of all scouting events and meetings

List restrictions and allergies to food, plants, insect bites and severity of allergy:

If reaction occurs, treatment is:

List restrictions or allergies to medications:

List any other medical conditions, special needs or restrictions for physical activity:

Swimming ability: _____ White (None) _____ Red (Limited) _____ Blue (Excellent)

I hereby authorize that the following medications may be given to my child under the supervision of the Adult Leaders in charge. Indicate 'yes' or 'no' for each medication listed:

- _____ Acetaminophen (Tylenol): for headache, pain, fever, inflammation.
- _____ Ibuprofen (Advil, Motrin): for headache, pain, fever, inflammation.
- _____ Naproxen (Aleve): for headache, pain, fever, inflammation.
- _____ Diphenhydramine (Benadryl 25mg): for swelling, hives, allergic reactions.
- _____ Loperamide (Imodium AD 2mg): for diarrhea
- _____ Simethicone (Mylanta): for nausea
- _____ Hydrocortisone 1%: for rashes, poison ivy and bug bites
- _____ Sting-Ease: for insect stings.
- _____ Throat lozenges: for sore throat.
- _____ Sunscreen
- _____ Insect Repellent
- _____ Ointment for minor wound care, first aid,(antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

_____ List prescription(s): _____

I also agree that any first-aid and emergency treatment may be given as needed.

_____ Agree in Full. _____ Restrictions to agreement as noted below:

Print Name: _____ Relationship _____

Signature: _____ Date ____/____/____

Address: _____

Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____