

Scout Name \_\_\_\_\_ Pack/Troop # \_\_\_\_\_  
Camp Name \_\_\_\_\_

### SUMMER CAMP OVER THE COUNTER MEDICINES

Parents: Please complete this form, with physician, parent, & Scout signatures, as close to camp attendance as possible. A new form with all signatures is required by New York State law every year. Please bring this form to camp.

#### Over the Counter Medicines

The Following is a list of over-the-counter medications that maybe available & dispensed by the Camp Medical Director at camp.

Please indicate in EACH BOX: Y if this patient may receive these medications, N if not. Fill in each box.

- Caldecort/Cortisone** cream to affected area PRN minor pain or discomfort.
- Acetaminophen** 15mg/kg Q4hr PRN temp<101 F, minor pain or discomfort.
- Ibuprofen** 200mg-400mg Q4-6hr PRN minor pains or discomfort.
- Robitussin** 1-2 Tsp. PO Q6-8hr PRN coughing.
- Benadryl** Elixir/Tab 12.5-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24hr, minor allergic reaction.
- Chloraseptic Spray** PO Q2-4hr PRN minor throat discomfort.
- Neosporin/Bacitracin Antibiotic Ointment** apply topically to affected area PRN minor cuts/abrasions.
- Caladryl/Calahist** lotion topically to affected area PRN minor itching.
- Kaopectate** 30-60 ml after each loose BM, not to exceed 6 doses/day or a period<48hrs. Notify physician after 48 hours.
- "After Bite"** (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- A & D Ointment** to affected area PRN minor skin irritation.

**Emergency Prescriptions (Epi-pen, Rescue Inhaler, etc.) Complete this section ONLY IF your child needs to carry emergency prescriptions with him at all times.** This is to certify that the above named Scout must carry the following emergency medication \_\_\_\_\_ with him during camp. He has been trained by his physician on the proper use of the medicine. We also understand that the camp medical officer has the right to spot check that the scout is carrying his medicine. The scout understands that he must report any usage to the camp medical officer immediately.

**NEW FORM & SIGNATURES REQUIRED EVERY YEAR**

**Date**

Physician: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**BOTH** this form & **Personal Health & Medical Record** are required for camp participation.