

Over-the-Counter (OTC) Form

First Aider should customize their First Aid Kit to fit the group.

Child's name: _____ AGE _____ WEIGHT _____

Child ALLERGIES: _____ TROOP# _____

Please help us keep your child safe by informing us of what you do not want your daughter to be given and include unmentioned medicines we should avoid.

*All medication must be in its original container with a readable label and clear expiration date.

MEDICINE NOT to be used (if not listed below): _____				
Medication	Dosage according to the MRSD* label	Usage	Can be used?	
Acetaminophen, Tylenol Reg. & Extra Strength	Reg. 250mg ES 500mg	minor aches, pains, cramps, fever	YES	NO
Antacid, Pepto-Bismol, Tums	According to label	indigestion, gas	YES	NO
Dramamine/Bonine	According to label	Motion sickness	YES	NO
Glucose gel or tablets	According to label	Low blood sugar	YES	NO
Ibuprofen, Advil, Motrin (non-aspirin)	1 or 2 tabs, 200mg	Minor aches, pains, fever	YES	NO
Naproxen, Midol, Pamprin, Aleve	1 or 2 tabs, various	Minor aches, pains, fever	YES	NO
Throat lozenges/ cough drops	According to label	Sore throat	YES	NO
Antihistamine, Benadryl topical & oral, Caladryl/Calamine lotion, Sting/Bite wipes, Hydrocortisone	According to label	stings, bites, colds, allergies, itch relief	YES	NO
Burn gel		burn relief	YES	NO
Eye wash, contact lens solution		Irritation of the eye	YES	NO
Hand Sanitizer		hand sanitation	YES	NO
Petroleum jelly		dry skin, dry nose	YES	NO
Neosporin foam, wound cleaner, BZK wipes, hydrogen peroxide	Small dab to area	wound cleaning treatment	YES	NO
Insect Repellent	NON DEET	insect repellent	YES	NO
Sunscreen, Aloe Vera gel	According to label, can be carried as age appropriate	Sun protection, sun burn	YES	NO
Triple antibiotic/ Polysporin/Neosporin		wound care	YES	NO
Other:				

* Manufacturer's Recommended Starting Dosage

I give permission for my daughter (named above) to receive products listed on an as needed basis. I understand that our troop/service unit isn't expected to carry all the following items in their First Aid kit _____ (Initials).

To the best of my knowledge she is not allergic to any of the items she has been authorized to use. Unless otherwise directed, the medications will be administered as directed by package labeling.

When going on Overnight trips with a group, your child may bring their own OTC medications from home. You must provide written permission to the first aider, for any medications you may send with your child.

Parent Signature _____ **Date** _____

Parent Print Name: _____ Phone Number: _____