



Authorization to Dispense Prescription Medications and/or Over the Counter (OTC) Medication

Scout/Venture Crew Member Name (Last, First)	DOB	
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Parents Contact Number: Primary -	Other -
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AUTHORIZATION: I hereby authorize any Registered Adult Leader of the Boys Scouts of America, Heart of America Council or any other authorized adult to dispense to the above named Scout those PRESCRIPTION MEDICATIONS that are listed on Part A of his/her current BSA ANNUAL HEALTH FORM, in the manner as prescribed by the listed medical professional and those OTC MEDICATIONS listed below. These OTC MEDICATIONS may be, unless stated otherwise in the limitations/special instructions sections below, administered at the discretion the Registered Adult Leader(s) or any other authorized adult to dispense medication, for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a youth of the age/ weight of my Scout/Venture Crew Member.

OTC Medication	Initials	Limitations/ Special Instructions
All of the medications listed below		No limitations
PAIN RELIEF: Acetaminophen (e.g., Tylenol and generics), Ibuprofen (e.g., Motrin, Advil, and generics), Naproxen sodium (e.g., Aleve and generics)		
DECONGESTANT: Phenylephrine HCl, Pseudoephedrine (e.g., Sudafed, and generics)		
ANTIHISTAMINE: Diphehydramine (Benadryl and generics) Loratadine (e.g., Claritin and generics), Chlorpheniramine maleate,		
ANTIDIARRHEA: Pepto Bismol and generics, Immodium and generics		
ANTIACIDS / ACID CONTROLLERS: Calcium Carbonate, Magnesium Hydroxide, and/or Aluminum Hydroxide (e.g., Tums, Roloids, Mylanta, Maalox), and others containing some or all of these ingredients, and generics)		
MOTION SICKNESS TREATMENT: Dimenhydrinate (e.g., Dramamine and generics), Meclizine hydrochloride (e.g., Bonine and generics)		
TOPICAL ANTISEPTICS AND SCRUBS: Povidone iodine (Betadine and generics), Hydrogen peroxide, Cholohecidine (Hibiclens) and other general antiseptics		
TOPICAL ANTIBIOTICS: Neosporin, Bactine, triple antibiotics (including generics) and similar products contains antibiotics with or without topical pain relief		
TOPICAL BURN / SUNBURN RELIEF: Creams and Gels including aloe vera and other products labeled as providing relief from minor sunburn and burns		
TOPICAL ITCH / RASH RELIEF: Hydrocortisone (Cortaid and generics), Diphenhydramine Hydrochloride (Benadryl Itch Relief and generics), Calamine Lotion, Loratadine (e.g., Claritin and generics)		
TOPICAL MEDICAL POWDERS: Gold Bond and others - Ingredients include menthol, zinc oxide, talcum powder, corn starch etc. for itch relief		
TOPICAL BITE / TOXIN NEUTRALIZERS: Meat tenderizer, After Bite, (containing ammonia), baking soda, papain, vinegar, and/or other ingredients to neutralize toxins)		

I, the parent (legal guardian) of the above Scout authorize the giving of medication as indicated above. I will not hold the dispensing individual, the Heart of America Council, or Boy Scouts of America liable for administering or not administering the medication, or any adverse/ allergic reactions my Scout/Venture Crew member may have.

Parent or Legal Guardian Printed

Name: _____

Signature: _____ Date: _____