



Order of the Arrow—Tahosa Lodge

Tahosa Lodge
Order of the Arrow
Denver Area Council

Scout Name: _____

Date of Birth: _____

Allergic to: _____

Over-the-Counter Medication Dispensation Permission Form

Purpose: The lodge has limited supplies of the medications listed below, if you know your scout will possibly need one of these, please send it with them, in the original container and labeled with his name. YOU ARE GIVING YOUR PERMISSION FOR THE FOLLOWING MEDICATIONS TO BE GIVEN IF INDICATED. MEDICATIONS WILL BE ADMINISTERED IN ACORDANCE WITH THE DOSAGES ON THE OTC MEDICAL CONTAINER.

| YES | Medication | NO |
|-----|---|----|
| | Acetaminophen (Tylenol®) | |
| | Ibuprofen (Advil®/Motrin®) | |
| | Diphenhydramine (Bendryl®) | |
| | Loratadine (Claritin® Antihistamine for running nose, itchy eyes) | |
| | Cough Drops or Throat lozenges | |
| | Hydrocortisone Cream | |
| | Triple antibiotic ointment (Polysporin®) | |
| | Sunburn Gel (Solarcaine®) | |
| | Calamine Lotion | |
| | Tums® | |
| | | |
| | | |

WAIVER: In consideration of the benefits to be derived, in view of the fact that participation in Scouting Activities is voluntary, and having full confidence that reasonable precautions will be taken to ensure my Scout's safety and well being, I agree to his participation in Scouting Activities and waive all claims against the leaders of Tahosa Lodge, BSA Scouting Activity, and/or its sponsor. I have provided Tahosa Lodge with current and accurate medical information about my Scout.

Signature (Parent): _____ Date: _____

Print Name (Parent): _____

Contact Phone: _____