

BOY SCOUT TROOP 876 MEDICATION RELEASE FORM

I _____ hereby authorize the adult Boy Scout leaders of
(Parent/Legal Guardian)
Troop 876 to offer non-prescription medications to _____
(Scout Name)
during Troop camping events, when needed, and to assist him in taking his prescription
medications, when provided, at the appropriate times during Troop camping events. I
take complete responsibility in making sure the appropriate prescription medications and
dosages are prepared according to Troop policy.

Examples of non-prescription medications are Tylenol, Benadryl, Advil, Neosporin, and
Solarcain, not excluding other non-prescription medications used for minimizing pain,
infection, and allergic reactions. I understand that Boy Scout first-aid procedures will be
performed when necessary.

Unless I object with written notification, I understand any leftover meds sent with my son
will be returned to him on the last day of the campout.

I understand this authorization will remain in effect during the duration of my son's
participation in Boy Scout Troop 876 activities, or until the time I may revoke this
authorization by contacting a Health & Safety Committee member and making such
request.

Parent/Legal Guardian Name - Printed

Parent/Legal Guardian Signature

Date