Youth Last Name First Name MI

Troop / Crew OTC Consent Form

While attending a scouting function, the adult leaders of _____
May give the following over the counter medications to my son / daughter as needed (generics may be substituted): [Circle choice]

Tylenol	Y	N	Benadryl	Y	N	Imodium	Y	N
Ibuprofen	Y	N	Pepto-Bismal	Y	N	Kayopectate	Y	N

Other: _____

Parent / Guardian Name (Print)

Parent / Guardian Name Signature Date

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