



Troop 753

Medical Release Form

Non-prescription



This form must be filled out for any camper that may be requesting non-prescription medication at camp. Medication will not be dispensed without this form. Please list any non-prescription medication information on this form that you do not wish your Scout to take (using the back of the form, as necessary).

Please print legibly:

Scout name: _____

Parent/guardian: _____

Emergency phone number: _____

Doctor: _____

Doctor's phone number: _____

Do not dispense the following:

1. _____
2. _____
3. _____
4. _____
5. _____

Release acknowledgement

I hereby authorize the adult Boy Scout leaders of Troop 753 to offer non-prescription medication to my Scout, noted above, during troop camping events. Examples of non-prescription medications include name brand or generic versions of: Tylenol, Advil, Benadryl, Pepto Bismol, Neosporin, 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 utilized when necessary. I also understand that this authorization will remain in effect during the date range noted below, or until the time I revoke this authorization by contacting a Troop committee member and making such request.

Parent/guardian signature: _____

Date: _____ thru _____