



# Over-the-Counter (OTC) Form

First Aider should customize their troop First Aid Kit to fit the group.

Child's name: \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

**Child ALLERGIES:** \_\_\_\_\_ TROOP# \_\_\_\_\_

Please help us keep your child safe by informing us of what you do not want your daughter to be given and include unmentioned medicines we should avoid.

\*All medication must be in its original containers with a readable label and clear expiration date.

**MEDICINE NOT to be used:** \_\_\_\_\_

| Medication  | Dosage according to the mfr. label              | Usage   | Can be used | Do not use |
|---|---|---|-------------|------------|
| Acetaminophen, Tylenol  | 1 or 2 tab<br>250mg each                        | minor aches, pains,<br>cramps, fever                    | YES         | NO         |
| Antacid, Tums, Roloids<br>Under 12 years INITIALS<br>needed: _____      | According to label                              | indigestion, gas  | YES         | NO         |
| Antihistamine, Benadryl<br>topical & oral, Caladryl/<br>Calamine lotion | According to label                              | stings, bites, colds,<br>allergies,<br>itch relief      | YES         | NO         |
| Burn gel  |   | Burn relief   | YES         | NO         |
| Hand Sanitizer  |   | Hand sanitation   | YES         | NO         |
| Ibuprofen, Advil, Motrin<br>(NON aspirin)                               | 1 or 2 tabs 200mg<br>each                       | minor aches, pains,<br>cramps, fever                    | YES         | NO         |
| Midol, Pamprin, Aleve   | 1 or 2 tabs Various                             | minor aches, pains,<br>cramps                           | YES         | NO         |
| Petroleum jelly,<br>Chapstick   |   | Dry skin, dry nose                                      | YES         | NO         |
| Neosporin foam, wound<br>cleaner  | Sm dab to area                                  | wound cleaning<br>Treatment                             | YES         | NO         |
| Sunscreen PBA FREE,<br>Aloe Vera gel/lotion,<br>Insect Repellent        | 8 SPF, 15 SPF,<br>30 SPF, or 50 SPF<br>NON DEET | sun protection,<br>sun burn relief,<br>insect repellent | YES         | NO         |
| Throat lozenges / Cough<br>drops  | According to label                              | sore throat   | YES         | NO         |
| Triple antibiotic/<br>Polysporin/Neosporin                              |   | wound care  | YES         | NO         |

I give permission for my daughter (named above) to receive products listed on an as needed basis. I understand that our troop isn't expected to carry all the following items in their First Aid kit \_\_\_\_\_ (Initials). To the best of my knowledge she is not allergic to those mentioned. Unless otherwise directed, the medications will be administered as directed by package labeling.

When going on Overnight trips with a group, your child may bring their own OTC medications from home. A separate form called *Prescription and Parent Provided Medication Form* will be needed.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent Print Name: \_\_\_\_\_ Number to reach a parent: \_\_\_\_\_

\*Parents are required to fill out a NEW OTC Form if anything changes throughout the year.\*