

Unit leaders are permitted to administer over the counter drugs to Scouts ONLY if this form has been completed and signed by the individual Scout's parent or legal guardian.

I, the undersigned hereby give permission to the adult leaders named here,

Chris Delaney

Bob Johnson

Nat Synowiec

[NAME]

[NAME]

[NAME]

to administer the following over-the-counter medications

TUMS

TYLENOL

[MEDICATION]

[MEDICATION]

[MEDICATION]

PEPTO BISMAL

DIME TAPP

[MEDICATION]

[MEDICATION]

[MEDICATION]

to my son

for the time period of

7-4-2026

to

7-11-2026

[SCOUT'S NAME]

[START DATE]

[END DATE]

Recommended dosages, as they appear on the bottle, will be used, and all medication administered will be recorded in the unit health log provided by D-bar-A Scout Ranch. This health log will be filed at D-bar-A Scout Ranch at the conclusion of the aforementioned time period.

[PARENT/GUARDIAN NAME]

[PARENT/GUARDIAN SIGNATURE]

[DATE]