

1st Palmerston Scouting
Medical Form

Name of Youth: _____

Allergies: _____

Medications: _____

I give permission for the leader or assigned health staff to administer the following medications, specifically according to the bottle label if they feel it will help my youth feel more comfortable at camp/outing. Check all that applies

☐ Acetaminophen (ie. Tylenol) for discomfort arising for headache or muscle pain

☐ Ibuprofen (ie. Advil) for discomfort arising for headache or muscle pain

☐ Gravol by mouth for nausea and / or vomiting

☐ Antihistamine (ie. Benadryl) for excessive itching and / or swelling from insect bites

☐ Cough medicine for excessive coughing

☐ Bismuth Subsalicylate (ie. Pepto-Bismol) for upset stomach and / or diarrhea

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

Updated

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____