

Scout's Name: _____

Consent and Waiver

It is a condition of your child's attending summer camp with Troop 451 that you grant permission to Troop 451, to treat your child for emergent or necessary health concerns. This may include providing over the counter medications to your child should they develop any **of the conditions that would warrant these medications.**

I give Troop 451's Adult Staff permission to administer the following over the counter medications in accordance with standard label directions:

- Acetaminophen (generic Tylenol)**
- Ibuprofen (generic Motrin)**
- Diphenhydramine (generic Benadryl)**
- Decongestant (generic Sudafed)**
- Hydrocortisone cream**
- Triple antibiotic cream**
- Antifungal cream**
- Aloe Vera Gel**
- Swimmer's Ear drops**
- Cough medicine (generic Robitussin DM)**
- Cough Drops**
- Sore Throat Lozenges**
- Antacid & Antigas tablets**
- Loperamide/Pepto Bismol/Imodium AD or other similar medications**

If your child is allergic to any of the above listed OTC drugs or has other allergies, please state below.

My son is allergic to: _____

Parent/Guardian Agreement

By signing this form, I give my informed consent to Troop 451 to provide basic first aid and comfort measures to my child which may include the use of over the counter medications. I agree to release, hold harmless, defend, indemnify and forever discharge, Troop 451 and each and everyone of its members, employees, officers, directors, agents, insurers, affiliates, successors in interest, or any other person or persons associated with Troop 451 from any and all causes of actions, suits, claims, demands, or any other damages or costs associated with any current or future actions taken by the released parties relative to the health, sickness, loss of services, property damage, death or injury, and treatment of my minor child. I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Please sign below.

Signature of Parent or Guardian

Date: _____

Number you can be reached in case of an emergency:

(_____) _____ or (_____) _____