

Medical Distribution Record

Participant's Name _____ Troop # _____

Over-the-counter medications cannot be distributed to girls without written caregiver consent. Below is a list of OTC medications that are kept in the First Aid kit. Please indicate with a check mark which ones we are allowed to give to your girl if the need arises. All OTC medications will be distributed according to the labels unless otherwise indicated by the caregiver.

Over-the-Counter Medications		
	Name of Medication	Special distribution instructions
<input type="checkbox"/>	Extra Strength Tylenol (<i>pain reliever/fever reducer</i>)	
<input type="checkbox"/>	Motrin (<i>pain reliever/fever reducer</i>)	
<input type="checkbox"/>	Sudafed (<i>nasal decongestant</i>)	
<input type="checkbox"/>	Pepto-Bismol (<i>upset stomach/antidiarrheal</i>)	
<input type="checkbox"/>	Imodium Advanced (<i>anti-diarrheal/anti-gas</i>)	
<input type="checkbox"/>	Tums (<i>antacid</i>)	
<input type="checkbox"/>	Pepcid AC Maximum Strength (<i>heartburn relief</i>)	

Please fill out the information requested above the black line. We fill out the small boxes to indicate a medication has been distributed. Only send OTC medications not indicated on upper half of sheet.

Prescription Medications			
Medication	Dose	Route	When <i>Breakfast, Lunch, Dinner, Bedtime, As Needed</i>
Notes			
Day of the Week			
Date			
Time			
Medication	Dose	Route	When <i>Breakfast, Lunch, Dinner, Bedtime, As Needed</i>
Notes			
Day of the Week			
Date			
Time			
Medication	Dose	Route	When <i>Breakfast, Lunch, Dinner, Bedtime, As Needed</i>
Notes			
Day of the Week			
Date			
Time			

Signature of Parent/Caregiver _____ Date _____