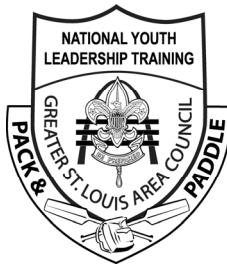


GREATER ST. LOUIS AREA SCOUTING



MEDICAL PERMISSION SLIP



National Youth Leadership Training is conducted by volunteers formed into provisional troops/crews. These troops/crews operate as a model for all troops/crews in the Greater St. Louis Area Council. As in your Scout's home

troop/crew, sometimes it is necessary to provide medical attention for minor aches and pains. For that purpose, we have listed several medications below for you to choose from should the need arise to give them to your Child. We recommend that you use the weight based chart on the back of this form as a guide on which dosage to select. It is also necessary that we have permission to dispense the doctor prescribed medication that you have listed below.

Scout's/Crew Member's Name _____ Weight (lbs.) _____

They are in good physical condition at the present time. They may receive emergency medical treatment at my expense. I also give my permission for the Adult Leaders of his/her NYLT Troop/Crew to dispense the listed medications to my Child. All these medications and listed strengths are over the counter medications.

Please check all that apply.

<input type="checkbox"/> Tylenol (acetaminophen) 500mg tablets:	<input type="checkbox"/> Medicated Powder
<input type="checkbox"/> Tums Tablets (calcium carbonate)	<input type="checkbox"/> Hydrocortisone Ointment/Cream
<input type="checkbox"/> Ibuprofen/Advil/Motrin 200mg tablets	<input type="checkbox"/> Imodium AD (loperamide)
<input type="checkbox"/> Benadryl Cream (diphenhydramine)	<input type="checkbox"/> Benadryl (diphenhydramine) 25mg tablet
<input type="checkbox"/> Triple Antibiotic Ointment	

In addition, my Child is taking prescription medication listed on the Routine Drug Administration Record that is provided for you in their original containers.

SIGNATURE OF PARENTS OR GUARDIAN

EMERGENCY ADDRESS (Fill out only if different from your own)

Phone number where I can be reached _____