

Boy Scouts of America Troop 1128
Authorization to Monitor Medication and Consent to Emergency Treatment
Expires December 31, 2019

Date: _____
Scout's Name (Last name, First name) _____
Family Email Address: _____

Instructions for completing this form:

The taking of **prescription medication** and **non-prescription medication** is the responsibility of the Scout. The Scout may **self-medicate**, or Troop adult volunteers may **monitor** the Scout's taking of medication. Should the Scout's parents request in writing, below, a Troop 1128 adult volunteer will make good faith efforts to **monitor** the Scout's taking of such medications.

1. Prescription Medication: Please check only one of the choices below

- MY SON TAKES NO MEDICATIONS ON A DAILY BASIS**
- MY SON CAN SELF ADMINISTER THE MEDICATIONS LISTED ON BSA MEDICAL FORM**

PART B: The taking of prescription medication is the responsibility of the Scout. The Scout should keep such medication in his/her possession and take the medication as indicated on the prescription.

- PLEASE MONITOR THE ADMINISTRATION OF MEDICATIONS LISTED ON THE BSA MEDICAL FORM PART B:** If requested by the parent, and if the medications are provided to the responsible troop representative immediately prior to a troop outing, one or more Troop 1128 volunteer(s) will keep the medications in his/her possession (or in a controlled environment appropriate to the medication involved) and make good faith efforts to monitor the Scout's taking of such medication.

Adult volunteers of Troop 1128 have permission to monitor our son's taking of the medications listed in the BSA MEDICAL FORM PART B. SUCH MEDICATION MUST BE IN ITS ORIGINAL CONTAINER AND CLEARLY LABELED.

All medications currently taken by the Scout must be listed on the BSA Medical form. This includes medications used in emergency cases only such as inhalers (Asthma) and Epi-pens (Allergic Reactions). They must be brought by the Scout if listed on the BSA Annual Health and Medical Form.

2. Over the Counter (OTC) Medications:

The following medications are generally kept in stock by the troop on camping trips and may be provided to your Scout by a troop representative:

Acetaminophen (e.g., Tylenol) for headache, fever or discomfort; **Benadryl** for relief of allergy symptoms or mild allergic reaction; Anti-diarrhea medicine, such as **Imodium and/or Kaopectate**;
Bacitracin/Neosporin ointment applied topically for minor skin wounds; **Robitussin DM** for mild cough;
Ibuprofen (e.g., Advil, Motrin) for musculoskeletal discomfort or headache; **Cough Drop/-Throat Lozenge** for mild throat discomfort/sore throat; **Calamine Lotion** or equivalent applied topically for minor insect bites, stings & poison ivy; **Tums** Antacid or equivalent for mild/moderate gastric hyper acidity symptoms; **Anti Itch Cream** (e.g., Aveeno).

Let the troop medical records coordinators know if there are any of these medications that your Scout cannot take or if your Scout cannot take any of these medications in the dosages recommended based on age, height and/or weight.

This form is effective **until December 31, 2019**
A newly-executed form will be required for each year.

Formatted: Tab stops: 6.5", Right + Not at 0.56" + 1.56" + 1.69" + 2.19" + 3.19" + 3.31" + 3.75" + 4.75" + 4.94" + 5.5"

**Boy Scouts of America Troop 1128
Authorization to Monitor Medication and Consent to Emergency Treatment**

ARE THERE ANY PHYSICAL OR MEDICAL CONDITIONS TROOP 1128 SHOULD KNOW ABOUT THAT ARE NOT ALREADY STATED ON YOUR SCOUT'S BSA MEDICAL FORM?

Please feel free to contact Roseann Alvarez, ralvarez92@hotmail.com, or Joanne Adelberg, jadelberg1@hotmail.com, the troop 1128 medical records coordinators, should you have any specific questions or concerns.

CONSENT TO ABOVE MEDICATION PREFERENCES

As indicated by the signatures below, we (parents/legal guardians of Scout) understand that taking any medication involves a certain degree of risk. We assume responsibility for ordinary risks associated with the taking of such medications, including adverse reactions, hospitalization, emergency treatment, timeliness, dosage, etc. We hereby release and hold harmless Boy Scouts of America Troop 1128 and its affiliated organizations or representatives, including volunteers, from any and all claims and liability arising from our Scout's taking of such medication. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the troop or volunteers. If such circumstances are proved in a court of law, we acknowledge and agree that the troop can assume no financial liability beyond the limit(s) of its actual liability insurance policy in force.

Date: _____

Name of Scout: _____ Signature: _____

Name of Parent or Guardian: _____ Signature: _____

CONSENT TO EMERGENCY TREATMENT

As indicated by the signatures below, in case of accident or other emergency, we (parents/legal guardians of Scout) give permission for a representative of the troop to summon any first responder, and to provide first aid for Scout until such first responder arrives. We authorize and consent to any emergency medical treatment, including emergency transportation to an emergency facility, emergency room visit, hospital admission, emergency surgery, transfusion of blood and/or blood products, anesthesia, and medication. These procedures may be performed for our Scout without our presence using the best judgment of a representative of the troop or a first responder, as deemed advisable for the preservation of a body function or life saving. We agree to assume financial responsibility for all expenses incurred because of such transportation and emergency treatment. **Medical providers are authorized to disclose to representatives of the Troop examination findings, test results, and treatment provided.**

Name of Scout: _____ Signature: _____

Name of Parent or Guardian: _____ Signature: _____

This form is effective **until December 31, 2019**
A newly-executed form will be required for each year.