MEDICAL ADDENDUM REQUIRED FORM to attend camp!

(must be completed by parent/guardian for scouts under 18 years old)

Scout	Troop	Week (s)
This addendum to the Annual BSA age and is required to meet Conne	Health and Medic ecticut Departme	cal Record is for scouts under 18 years of nt of Health requirements.
cations as directed by the Camp P Council's policies on medications	Physician in the Ca at scout camp are	urse to administer over-the-counter medi amp Standing Orders. The Housatonic written to comply with the National te of Connecticut Health Department.
If you do not wish to have any of t please cross out and initial.	the following over	r-the-counter medications administered,
Over-the-Counter Medications may	y include:	
(Generics may be substituted)		
 Tylenol by mouth, per weight Advil by mouth, per weight Bacitracin/Neosporin/Hydro Hydrocortisone Cream topica Benadryl by mouth, per weig Claritin by mouth, per packa Sudafed by mouth, per packa Zantac by mouth, per packa Sunscreen topically, as need Bug repellent topically, as n Solarcaine/Aloe Vera topical 	age dosing as neegen Peroxide topially every 6 hours ght/age dosing as age directions age directions ge directions led eeded every 2-4 h	eded every 6-8 hours cally as needed as needed needed, per package directions
Signature	Date	
**RFMINDER - Prescription medications	must be in the origin	nal pharmacy container with label this include

**REMINDER - Prescription medications must be in the original pharmacy container with label, this includes EPI-Pens. Please bring only amount needed for camp. Failure to comply will result in the inability for the medications to be administered at camp. Any medication not picked up with-in 1 week after scout leaves camp will be destroyed.