



# Over-the-Counter (OTC) Form

First-aider should customize their troop/group first aid kit to fit the group.  
 \*Parents/Caregivers are required to fill out a NEW OTC Form if anything changes.\*

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

**Child allergies:** \_\_\_\_\_ Troop #: \_\_\_\_\_

**Please help us keep your child safe by informing us of what you do not want your child to be given and include unmentioned medicines we should avoid.**

**MEDICINE NOT to be used** (if not listed below): \_\_\_\_\_

Medication	Dosage according to the MRSD* label	Usage	Can be used?	
			YES	NO
Acetaminophen, Tylenol Reg. & Extra Strength	Reg. 250mg ES 500mg	minor aches, pains, cramps, fever	YES	NO
Antacid, Pepto-Bismol, Tums	According to label	indigestion, gas	YES	NO
Bromine/Dramamine	According to label	motion sickness	YES	NO
Glucose gel or tablets	According to label	low blood sugar	YES	NO
Ibuprofen, Advil, Motrin (NON-Aspirin)	1 or 2 tabs, 200mg	minor aches, pains, fever	YES	NO
Naproxen, Midol, Pamprin, Aleve	1 or 2 tabs, various	minor aches, pains, cramps	YES	NO
Throat lozenges / cough drops	According to label	sore throat	YES	NO
Antihistamine, Benadryl topical & oral, Caladryl/Calamine lotion, Sting/Bite wipes, Hydrocortisone	According to label	Stings, bites, colds, allergies, itch relief	YES	NO
Burn gel		burn relief	YES	NO
Eye wash, contact lens solution		Irritation of the eye	YES	NO
Hand sanitizer		hand sanitation	YES	NO
Hydrogen Peroxide		wound care	YES	NO
Insect repellent	Non DEET	insect repellent	YES	NO
Neosporin foam, wound cleaner, BZK towels	Small dab to area, wipes	wound cleaning treatment	YES	NO
Petroleum jelly, lip balm		dry skin, dry nose	YES	NO
Sunscreen, Aloe vera gel	15+ SPF	sun protection, sun burn	YES	NO
Triple antibiotic, Polysporin, Neosporin		wound care	YES	NO
Other:				

\*Manufacturer's Recommended Starting Dose.

I give permission for my child (named above) to receive products listed on an as-needed basis. I understand that the troop/group isn't expected to carry all of the following items in their first-aid kit \_\_\_\_\_ **(Initials)**. To the best of my knowledge, my child is not allergic to those mentioned. Unless otherwise directed, the medications will be administered as directed by package labeling.

**Parent/caregiver signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print name: \_\_\_\_\_ Phone # to reach adult: \_\_\_\_\_

*All medication must be in its original containers with a readable label and clear expiration date. It must be handed over in a clear resealable bag identified with the child's name on it and parents/caregivers need to fill out a Provided Prescription and/or Provided OTC Medication Form.*