

# Over-the-Counter (OTC) Medication Dispensing Waiver

I, \_\_\_\_\_, parent/guardian of scout \_\_\_\_\_, give permission to \_\_\_\_\_, the designated adult leader of Troop 16, to dispense appropriate doses of non-prescription medications (OTC- Over-the Counter medications) from the troop first aid kit to my scout if the need would arise. This would include the treatment of mild headaches, body aches, inflammation, upset stomach, mild allergic reactions, and other minor health conditions. Appropriate dosages of OTC medications would be given according to the FDA guidelines as listed on the product label provided by the manufacturer.

Parent/guardian signature: \_\_\_\_\_

Boy Scout signature: \_\_\_\_\_

Designated adult leader signature: \_\_\_\_\_