2007 Troop 149 Philmont Cavalcade Crew
Over-The-Counter Drug Permission Form

I give permission for any emergency medical treatment necessary, in the event that medical treatment is necessary and I am unable to be reached. Furthermore, trek leaders have my permission to administer the following approved over-the-counter (OTC) medications. This permission is specifically for the Troop 149 2007 Philmont Cavalcade Trek between the dates of Month 00, 2007 and Month 00, 2007 or later should circumstances cause a delay in for returning.

Please check either "Yes" or "No" for each of the four listed OTC medications. Then print your name and sign in the space provided next to your son's name.

			Tylanol or other acetametaphin pain reliever tablets		Advil or other ibuprofen pain reliever tablets		Benadryl or other antihistamine tablets for colds and allergies		Imodium AD or other medication tablets for diarrhea		Sudafed or other Decongestant	
Scout Name	**Parent Name (please write)**	**Parent Signature**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Scout One												
Scout Two												
Scout Three												
Scout Four												
Scout Five												
Scout Six												
Scout Seven												
Scout Eight												
Scout Nine												
Scout Ten												
Scout Eleven												
Scout Twelve												