



Venturing Crew 176

Medication Consent Form

Any prescription medications must be kept in original containers with pharmacy labels. The Venturer will ordinarily keep his/her own medications with his/her personal effects and be expected to remember to take them as prescribed. If they deem appropriate, adult leaders reserve the right to keep or administer medications. Please sign as indicated below for the adult leaders to keep and give both prescription and over-the-counter medications.

Venturer Name _____ Phone _____

Prescription Medications:

Please keep all prescription medications in original drugstore container.

Medication Name	Dose	Given at what time
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Check if additional prescription medications are listed on reverse side of this form

I give permission for Venturing Crew 176's adult leaders to keep and administer to my son/daughter the above-noted medications, or any other medications in original, labeled containers indicating they have been duly prescribed to my son/daughter at any time after I sign this authorization.

Parent/guardian signature: _____ Date _____

Over-the-Counter Medications

I give permission for adult leaders of Venturing Crew 176 to give the following medications to my son for routine illnesses and injuries including but not limited to headache, colds, upset stomach, muscle strains, and rashes.

Medications (please circle Yes or No)

Acetaminophen (e.g. "Tylenol")	Yes	No
Ibuprofen (e.g. "Advil")	Yes	No
Diphenhydramine (e.g. "Benadryl")	Yes	No
0.5% hydrocortisone cream (e.g., "Cortaid")	Yes	No
Antibiotic cream (e.g. "Mycitracin" or "Neosporin")	Yes	No
Antacid tablets (e.g. "Tums" or "Rolaids")	Yes	No
Zinc oxide cream (e.g., "Borofax")	Yes	No
Anti-fungal cream (e.g. "Mycelex")	Yes	No
Anti-diarrhea tablets (e.g. "Immodium AD")	Yes	No

Parent/guardian signature: _____ Date _____