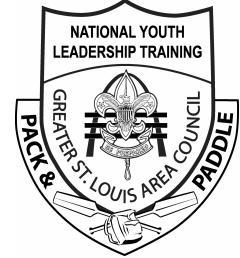


### MEDICAL PERMISSION SLIP



National Youth Leadership Training is conducted by volunteers formed into provisional troops. These troops operate as a model for all troops in the Greater St. Louis Area Council. As in your son's home troop, sometimes it is necessary to provide medical attention for minor aches and pains. For that purpose we have listed several medications below for you to choose from should the need arise to give them to your son. We recommend that you use the weight based chart on the back of this form as a guide on which dosage to select. It is also necessary that we have permission to dispense the doctor prescribed medication that you have listed below.

Scout's Name \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_

He is in good physical condition at the present time. He may receive emergency medical treatment at my expense. I also give my permission for the Adult Leaders of his NYLT Troop to dispense the listed medications to my son. All of these medications and listed strengths are over the counter medications. Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Tylenol ( <a href="#">acetaminophen</a> ) 325mg tablets:          | <input type="checkbox"/> Benadryl Cream ( <a href="#">diphenhydramine</a> )          |
| <input type="checkbox"/> Tylenol ( <a href="#">acetaminophen</a> ) 500mg tablets:          | <input type="checkbox"/> Hydrocortisone Ointment                                     |
| <input type="checkbox"/> Tums Tablets ( <a href="#">calcium carbonate</a> )                | <input type="checkbox"/> Imodium AD ( <a href="#">Loperamide</a> )                   |
| <input type="checkbox"/> Ibuprofen/Advil/ <a href="#">Motrin (ibuprofen)</a> 200mg tablets | <input type="checkbox"/> . Benadryl ( <a href="#">Diphenhydramine</a> ) 25mg tablets |

In addition, my son is taking the following prescription medication that are provided for you in their original containers.

MEDICATION	DOSAGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
SIGNATURE OF PARENTS OR GUARDIAN

EMERGENCY ADDRESS (Fill out only if different from your own)

\_\_\_\_\_

Phone number where I can be reached \_\_\_\_\_

**DOSAGE CHART**

Please use the following guidelines to select dosages

**Acetaminophen**  
(Tylenol)  
Dose every 4-6 hours  
*Maximum 5 doses in 24 hours*

Weight  
60-71 lbs  
72-95 lbs  
96 lbs +

**Adult Regular Strength**  
325 mg each

1 tablet  
1 ½ tablets  
2 tablets

**Adult Extra Strength**  
500 mg each

None  
1 tablet  
none

**Ibuprofen**  
(Motrin, Advil)  
Dose every 6-8 hours  
*Maximum 4 doses in 24 hours*

Weight  
60-71 lbs  
72-95 lbs  
96 lbs +

**Junior Strength**  
100 mg each

2 ½ tablets  
3 tablets  
4 tablets

**Adult Regular Strength**  
200 mg each

None  
None  
2 tablets

**Diphenhydramine**  
(Benadryl)  
Dose every 6 hours  
*Maximum 4 doses in 24 hours*

61-70 lbs  
71-80 lbs  
81-90 lbs  
90 lbs +

**Chewable Junior Strength**  
12.5 mg each

2 ½ tabs  
3 tabs  
3 ½ tabs  
None

**Adult Regular Strength**  
25 mg each

1 capsule  
1 capsule  
1 capsule  
2 capsules