Over-the-Counter Medication Form
Troop 140

Over-the-Counter Medication	Provide		Notes
	Yes	No	
Allergy Prevention: Benadryl®, Claritin®, Sudafed®			
Antacid: Mylanta®, Tums®, Zantac®			
Antidiarrheal/Laxative: Pepto-Bismol®, Imodium®			
Analgesics/Pain Relievers: Advil®, Tylenol®			
Motion Sickness: Dramamine®			
Ointments: Neosporin®, hydrocortisone, Lamisil®, Benadryl®			
Decongestants: Sudafed®			

Scout's Name (printed): _____

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____