

Connecticut Yankee Council – Addendum to Annual BSA Health and Medical Record

This addendum to the Annual BSA Health and Medical Record for youths under 18 years of age is required to meet Connecticut Department of Health requirements. Please read and sign the form at the bottom of the page.

If you do not wish to have any one or more of the following over-the-counter medications administered, please cross out and initial. If there is a continued need for multiple dosage of over-the-counter medication, the Health Officer will be in contact with you about having a discussion with the Scout’s primary medical provider for treatment options.

- I give my permission for the camp Health Officer to administer over-the-counter medications as directed by the Camp Physician in the Camp Standing Medical Care and Treatment Procedures. The Connecticut Yankee Council’s policy on medications at Scout camp has been written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Dept.

Over the counter medications may include:

- Hand Sanitizer for preventative care against virus/germs
- Hydrogen Peroxide/Antiseptic Solution, as needed for topical wound cleaning
- Sunscreen, topically, as needed for sun exposure
- Aloe Gel for sunburn
- Bug repellent, topically, as needed every 2-4 hrs.
- Robitussin (Guifenesin), by mouth, per weight/age dosing for cough as needed every 6 hrs.
- Benadryl (Diphenhydramine), by mouth, per weight/age dosing for rash/itch/anaphylactic reaction, as needed, every 4-6 hrs
- Loratadine , by mouth, per weight/age dosing for allergies/allergy symptoms
- Pepto Bismol, or Tums for upset stomach, heartburn, indigestion, nausea, by mouth, per weight/age dosing, as needed
- Visine/eye wash, eye irritation
- Imodium, by mouth, per weight/age dosing for diarrhea, as needed every 4 hrs (*NOT more than 2 consecutive doses*)
- Milk of Magnesia, by mouth, per weight/age dosing for constipation, as needed every 6 hrs (*NOT more than 2 consecutive doses*)
- Tylenol (Acetaminophen), by mouth, per weight/age dosing for pain, as needed every 4-6 hrs
- Motrin (Ibuprofen), by mouth, per weight/age dosing for pain as needed every 6-8 hrs
- Throat lozenges, by mouth, 1 tab for sore throat every 2-4 hrs, as needed
- Orajel, mouth sores
- Bacitracin, topically, for wound care/infection prevention, as needed
- Calamine Lotion, topically, for itch/contact dermatitis, as needed, every 1 hr.
- Burn cream with topical lidocaine (2%) for minor burns, as needed
- Cough lozengers, as needed
- EPI auto injector for anaphylactic reaction, followed by 911 call, transport to emergency room
- Hydrocortisone cream (1%) topical for minor swelling reaction, as needed
- Anti-itch cream (Diphenhydramine, 2%) topical for itching, as needed

This section must be signed to indicate acceptance of conditions above:

Signature of parent/guardian: _____

Name (print): _____

Relationship: _____ Date Signed: _____

Please double check that all signatures, parent/guardian/authorized health care provider, are entered as appropriate on all pages of the health form.

Full Name: _____ **DOB:** _____ **Unit:** _____ **Campsite:** _____