

Administration of Medication to Campers

To: All Parents, Scouts and Scouters attending Camp Sequassen

From: Camp Director

Re: Administration of Medication(s) to your son

We are delighted your son will be camping at Camp Sequassen this summer! We would like to inform you of the Connecticut Yankee Council, Boy Scouts of America Health and Safety Committee's policy on medication at Camp Sequassen. This policy has been formulated to comply with the National Standards of the Boy Scouts of America and the State of Connecticut.

Administration of Medication Forms are required for all youth and adults attending Camp Sequassen.

Over the counter medications will be administered to your son by our Camp Health Officer, when requested, for these conditions:

- | | |
|---------------|--------------------------------|
| Colds: | Robitussin DM, Throat Lozenges |
| Sprains: | Tylenol or Advil |
| Constipation: | Milk of Magnesia |
| Swimmers Ear: | Corticosporin Otic Drops |
| Diarrhea: | Kaopectate |
| Allergies: | Benadryl |
| Wounds: | Bacitracin |

If your child is allergic to any of these medications, please indicate below:

My son is allergic to: _____

Please **DO or DO NOT**(circle one) administer any over the counter medication to my son _____
Name

Signature of Parent/Guardian

Printed name of parent of guardian

Date