



National Youth Leadership Training

OTC MEDICATION APPROVAL FORM

The following over the counter medications will be available at NYLT for minor issue treatment. Please review the list and cross off any medications that you do NOT want your child given.

Line Out/Cross Out any medications below that should **NOT** be given to your child.

Symptoms	OTC Medications		
Headache	Advil	Midol	Tylenol
Allergies	Benadryl Allergy		Claritin Allergy
Indigestion, Nausea, Cramps, Heartburn	Tums		
Pain, Cough, Nasal Congestion	Theraflu - Daytime		Theraflue Nighttime
Diarrhea	Amodium		

Any of the above medications not crossed off may be administered as directed on the bottle. Our medical staff will not call you before administering above medications, unless unusual situations occur or you request us to call you before using the following drugs:

The medical staff will record the use of any medication administered during the week on the participant's **Scout Medication & Treatment Form**, which will be included in their graduation packet.

I authorize the NYLT medical staff to use the medications as listed above for treatment as indicated above.

Youth Name: _____

Parent Name: _____

Parent Signature _____

Date _____