



**CNJC DRUG & MEDICATION POLICY**  
**[CONSENT TO ADMINISTER MEDICATIONS AT SUMMER CAMP]**

1. Prescription medication shall be administered only after receipt of written authorization from the child's parent, guardian, or the directing physician.
2. Prescription medication shall be stored in the original prescription container.
3. Non-prescription medication shall be administered only after receipt of written authorization from the child's parent or guardian, or in accordance with the camp's standing orders. [This includes medication such as aspirin, Tylenol, stomach remedies, etc.].
4. All Non-prescription medication shall be labeled and stored in the original container as provided by doctor or pharmacist.
5. All medications must be in a resolvable plastic bag that bears the scout's name, and troop/pack number.
6. The medical staff shall ONLY administer medications authorized by parents, guardians, the attending physician, or the camp physician in the case of standing orders.
7. All Prescriptions and Non-Prescriptions are to be given to the camp Health Officer upon arrival at camp. Any medications that are not picked up at the end of the summer camp stay will be destroyed three days after departure from camp.
8. Are there any other medical/behavioral problems we should be aware of: ( ) Yes ( ) No (explain)

As a parent/legal guardian of the above named youth member who will be attending one or more of the CENTRAL NEW JERSEY COUNCIL'S CAMPS, I have read and understand the above medication policy and hereby authorize the health/medical staff of the camp to administer the identified prescription and/or "over the counter," non-prescription medications in [the scout's] personal possession on entering camp and as described in the attached Personal Health & Medical Record form.

What Over the Counter medicines can this child receive if needed? Parents must check all allowed:  
 Tylenol  Advil  Ibuprofen  Pepto Bismal  Alka Seltzer  Tums  Robitussin (plain)  Cough drops/throat lozenges  Benadryl  Non Aspirin Acetaminophen  Sinus/ Allergy Relief Tabs  Calamine Lotion  \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand that every effort will be made to contact me (if participant in an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if participant is an adult).

I can be reached at the following numbers during the week:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/ legal guardian      Printed name of parent/legal guardian      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

