



BOY SCOUT TROOP 650
SAN ANTONIO TEXAS

Over-The-Counter Drugs Form

Date: _____

(Valid period is for 1 year)

Scout's Name: _____

My son has permission to take or use the following:

- () Tylenol/Acetaminophen
- () Advil/Ibuprofen
- () Sudafed/decongestant
- () Benadryl/antihistamine
- () Pepto Bismol
- () Tums/antacid
- () Robitussin/expectorant
- () Swimmers' Ear alcohol-vinegar solution

Parent's Name: _____

Parent's Signature: _____



Boy Scouts of America Troop 650
Alamo Area Council
Concordia Lutheran Church
16801 Huebner Rd
San Antonio TX, 78258

