

T1000 – 2014

Medications Monitoring Policy and Procedures



ALL T1000 Parents,

This notice applies to EVERY Scout – even those NOT taking regular medication at campouts or other Troop/Patrol events and activities.

The Boy Scouts of America has a medications policy and has encouraged Troops to formulate a policy reflective of the BSA policy. The idea behind such a Troop medication policy is to provide an expectation for Parents and an understanding as regards liability for the Troop and volunteers who must carry out that policy.

The BSA policy is as follows:

"The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so." - Guide to Safe Scouting

In line with this policy, the Troop has adopted the following policy for to cover all Troop sponsored campouts, events and activities:

*The policy of Troop 1000 is: A Troop Adult may volunteer to **MONITOR** the Scout's taking of medication. Should the Scout's parents request in writing, one or more Troop 1000 adult volunteer(s) will make a good faith effort to **MONITOR** the Scout's taking of such medication(s). If the adult volunteer(s) is not available, another willing adult leader (not any adult) may assume his/her duties.*

The only exception to dispensing medication as described is medication that may be needed for immediate and potentially lifesaving use (e.g., epi pens, inhalers), that may remain with your son. If he uses this medication, he should immediately inform the designated adult in charge of medication, or if he is not available, another adult leader.

So, this begs the question, "What does *monitor* mean?" For the purpose of this and any other description of the Troop 1000 policy, monitor shall mean that the volunteer(s) or his/her substitute volunteer, shall provide an opportunity for the Scout to take the prescribed medication as close to the scheduled time as possible under the present circumstances (schedule, Scouts and volunteers availability, etc.), provide the medication to the Scout, and observe the Scout taking the medication, to the best of their ability. **The volunteer nor Troop 1000 may be held liable for the failure of the Scout to take the medication as prescribed.**

In accordance with these policies, we have developed the following “INSTRUCTIONS FOR PROVIDING MEDICATIONS.”

- Following the Troop 1000 policy, parents should provide their son’s prescription and non-prescription medication he is currently taking, or may need to take if a known condition arises (e.g., allergies develop give Claritin, bee sting requires epi pen).
- Complete the Troop 1000 Medication form (attached) providing the requested information for prescription and non-prescription medication he is currently taking, or may need to take if a known condition arises (e.g., allergies develop take Claritin, bee sting requires epi pen). Immediate use and potentially lifesaving medications (e.g., epi injector pen, inhalers) should also be listed.
- A parent or camper should give the completed Troop Medication Form with the medication packaged properly as indicated below to the volunteer adult in charge of medication when assembling to leave for a Troop sponsored activity. **The volunteer for each activity will be identified to you at or before the time of departure for the activity.**
- All prescription medicines must be Physician authorized
- Any non-prescription medicine should be acceptable for use with any prescription medication the Scout is taking, and vice versa. You may want to check with the prescribing physician or a pharmacist. Consider if you need to change the *Troop 1000 OTC Medication Form for Unplanned Use*.

PLEASE package the medicine properly

- All prescription medications must be packaged in its original container with label affixed containing Scout’s name, medicine name, correct dosage, date of prescription (must be current), and physicians name and physicians phone number.
- All non-prescription medicine must also be in an original container with label.
- Only include sufficient medicine for the duration of the trip or activity (the troop will not be responsible for any excess medication that is lost, damaged, or becomes inactive).
- Place the medicine in one zip-lock bag with the “Scout’s name, Troop 1000 Plano TX” written clearly in water proof marker.
- Immediate use and potentially lifesaving medications (e.g., epi pens, inhalers), should not be turned in and may remain with your Scout. It is recommended that you provide duplicate potentially lifesaving medication packaged as described above to the volunteer adult in charge of medication in the event your son loses his medication.

Even if your Scout does NOT take any regularly scheduled medications, you must fill out these forms as well as the separate authorization for Troop 1000 use regarding OTC Medication for Unplanned Use. This covers the application and dispensing of common over-the-counter medications for occasional needs, such as upset stomachs and insect bites. This form is very specific, rather than blanket authorization, and allows Parent(s) to select any such medication they do not wish administered to their Scout or variations for their use from the package directions.

NOTE: *In the case of emergency or additional needs, a Health Lodge (which is staffed by EMTs, other medical professionals, and occasionally by doctors or doctors on call) or other doctor, emergency or acute care facility or hospital may provide additional care or treatment. Such treatment may include medications not listed on the Troop's form, as required for your Scout. In such cases the instructions you provide will be reviewed and considered as part of such treatment. In an emergency, your authorization for a Troop Adult to make decisions regarding medical care will apply in such cases when or if a parent cannot be reached.*

Thank you,

Troop 1000
One Grand Troop

Q & A

Will the new medication form supersede the medications listing Part B of the Medical Form?

NO! You must still fill out these forms with all medications taken by your Scout and any other information requested on the form. You can, however, use these new forms as an attachment to the form and reference it in the space provided.

Are vitamins included in this discussion? Are we saying that no Boy Scout is to ever self-administer an over the counter medication? Example, my son gets motion sickness sometimes. I give him some Dramamine to take along and self-administer if he feels it necessary.

ALL medications are included in this policy. So, if your Scout may require travel medications we encourage you to have him take these before departure and place in his medications bag. These will be returned to him for the trip home.

Do we need to pack ALL the non-prescription medications he MAY have to take?

Only those that he takes regularly or takes for KNOWN CONDITIONS need to be packed. ALL the non-prescription medications listed on the non-prescriptions form will be available in our campsite.

Please see additional Q & A on the back of the Non-Prescription Medications form.

MEDICATION AUTHORIZATION AND INFORMATION FORM

TROOP 1000 PLANO TEXAS 2014

NAME OF SCOUT (First) _____ (Last) _____

Please indicate if your Scout has any **known Medication Allergy(s)** and reactions:

☐ No ☐ Yes, please explain _____

Does your Scout have any **known Food or other Substance Allergy(s)** and reactions:

☐ No ☐ Yes, please explain _____

Please note: Per BSA Policy, The taking of (1) prescription medication and (2) non-prescription medication (OTC) is the responsibility of the Scout and his parents. A Troop Adult may volunteer to **monitor the Scout's taking of medication. Should the Scout's parents request in writing, below, one or more Troop 1000 adult volunteer(s) will make a good faith effort to **monitor** the Scout's taking of such medications.**

Please check only one of the choices below:

☐ My Scout TAKES NO MEDICATIONS OF ANY KIND ON A DAILY, AS NEEDED OR REGULARLY SCHEDULED BASIS, AND I WILL NOT BE SENDING ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS FOR MY SCOUT WITH HIM TO CAMPOUTS OR OTHER TROOP SPONSORED ACTIVITY.

☐ PLEASE **MONITOR*** THE ADMINISTRATION OF THE MEDICATIONS LISTED ON THIS FORM.

If the below-signed Scout parents wish, one or more Troop 1000 adult volunteer(s) will MONITOR the Scout's taking of prescription and non-prescription medications provided to the Troop by the Scout upon departure for Camp. One or more adult volunteer(s) will keep the medications in his/her possession (or in a controlled environment appropriate to the medication involved) and make good faith efforts to **monitor** the Scout's taking of such medications in accordance with the information attached.

Adult volunteer(s) of Troop 1000 have our permission to MONITOR our son's taking of the following prescription drugs and/or non-prescription medication (OTC).

* For the purpose of this and any other description of the T1000 policy, monitor shall mean that the volunteer(s) or his/her substitute volunteer, shall provide an opportunity for the Scout to take the prescribed medication as close to the scheduled time as possible under the present circumstances (schedule, Scouts and volunteers availability, etc.), provide the medication to the Scout, and observe the Scout taking the medication, to the best of their ability. The volunteer nor Troop 1000 may be held liable for the failure of the Scout to take the medication as prescribed.

Such medication must be provided to the Troop at departure for Campout or Troop sponsored activity.

These Medications must be provided by the Parent or Scout in a gallon-sized Ziploc® or similar bag, with the Scouts NAME, TROOP 1000 PLANO TX, and in the **ORIGINAL**

PRESCRIPTION or OTC BOTTLES. RX LABEL MUST CONTAIN THE FOLLOWING (Pharmacy can prepare a bottle specifically for Campouts):

- The Campers Name
- Doctors Name and Phone Number
- Date of Prescription (must be current)
- Correct Dosage

Father (or guardian): _____
(Print Name) (Signature) (Date)

Mother (or guardian): _____
(Print Name) (Signature) (Date)

Father Home Phone: (____) _____ Work Phone (____) _____
Cell Phone (____) _____

Mother Home Phone: (____) _____ Work Phone (____) _____
Cell Phone (____) _____

Medication Listing Page _____ OF _____

NAME OF SCOUT

(First) _____ (Last) _____

List ALL daily, as needed or regularly scheduled medications being supplied by the parent(s) and being brought with the Scout to Campouts or Troop sponsored activities:

All medications currently taken by the Scout must be listed on this form (and on the BSA Annual Health and Medical Record). Nasal inhalers and Epi-pens used for emergency or on an as needed basis must be listed if they are being brought by Scout.

MEDICATION _____ Rx? [Y] [N]

Strength/Dosage _____

When administered? [] DAILY* [] As Needed [] Other* _____

* INDICATE SCHEDULE ON TABLE TO RIGHT WITH 'X' IN BOXES

Reason for Taking Med? _____

Side Effects? _____

Special Instructions _____

Does this medication require [] Refrigeration [] Special handling
If so, explain needs: _____

Is this a Controlled Substance? [] Yes [] No

If Necessary Please indicate: Before (B) or After (A) Meal	MEDICATION TO BE GIVEN			
	Around Breakfast 7—8 AM	Around Lunch 12 to 1 PM	Around Dinner 6 PM	Bedtime
SATURDAY 5TH				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

MEDICATION _____ Rx? [Y] [N]

Strength/Dosage _____

When administered? [] DAILY* [] As Needed [] Other* _____

* INDICATE SCHEDULE ON TABLE TO RIGHT WITH 'X' IN BOXES

Reason for Taking Med? _____

Side Effects? _____

Special Instructions _____

Does this medication require [] Refrigeration [] Special handling
If so, explain needs: _____

Is this a Controlled Substance? [] Yes [] No

SATURDAY 5TH				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

If a Scout is receiving more than two medications, use an additional form.

TROOP 1000 OVER-THE-COUNTER MEDICATION AUTHORIZATION

This form authorizes registered adult leaders of Boy Scout Troop 1000 to dispense "over-the-counter" (non-prescription) medications to scouts under their supervision if in their judgment it is appropriate. Execution of this form is voluntary, however, under BSA policy, adult leaders are prohibited from dispensing medication to scouts without parental approval, so if this authorization is not provided, no medications of this type will be given to your son by Troop 1000 volunteers unless you can be contacted to give specific permission. **THIS FORM IS NOT FOR PRESCRIPTION OR REGULARLY ADMINISTERED MEDICATIONS.** If your son needs to take medications at a scout function, a separate form is available for that purpose. Please see FAQ on reverse for additional information.

Name of Scout (Last, First)	Age	Date of Birth
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DRUG ALLERGIES: Please list all drug allergies.

☐ No known drug allergies.

AUTHORIZATION: Read Carefully. I hereby authorize any registered adult leader of Boy Scout Troop 1000 ("Leader") to dispense to my above named son the medicines indicated by my initials below or if I initial the last line, all medication listed below. Unless stated otherwise in the limitations/special instruction sections below, these medicines may be administered in the discretion of a leader for causes or conditions indicated on the labeling or the product, in the dosages stated on the labeling for a boy of the age/size of my son. This authorization shall remain valid for one year from the date shown below.

INITIALS	MEDICATION	LIMITATIONS/SPECIAL INSTRUCTIONS
	<i>Pain relief.</i> Acetaminophen. (Tylenol® and generics). Ibuprofen. (Motrin®, Advil® and generics)	
	<i>Diarrhea and/or upset stomach.</i> Loperamide. (Imodium® and generics). Bismuth Subsalicylate. Pepto-Bismol® Kaopectate® and generics	Some of these products are not labeled for children under 12. If not labeled for children under 12. Dispense anyway? <input type="checkbox"/> Yes. <input type="checkbox"/> No
	<i>Allergic reactions.</i> Diphenhydramine Hydrochloride. (Benadryl® and generics) Histamine blockers	
	<i>Antacids.</i> Calcium Carbonate, Magnesium Hydroxide and/or Aluminum Hydroxide (Tums® Roloids®, Mylanta®, Maalox® and other antacids contain some or all of these substances and in some cases other ingredients, such as gas reducers.	Some of these products are not labeled for children under 12. Dispense products with label limitations anyway? <input type="checkbox"/> Yes. <input type="checkbox"/> No
	<i>Motion Sickness Remedies.</i> Dimenhydrinate (Dramamine®). Meclizine hydrochloride (Bonine® Antivert® Dramamine II®)	Meclizine hydrochloride not labeled for children under 12. Dispense anyway? <input type="checkbox"/> Yes. <input type="checkbox"/> No
	<i>Topical "first aid" products.</i> (Neosporin® antibiotic, Bactine®, and similar products containing antiseptics, antibiotics and/or topical pain relievers).	
	<i>Topical antiseptics and scrubs,</i> including povidone-iodine (Betadine® and generics), alcohol, Chlorhexidine (Hibiclens®) and hydrogen peroxide.	
	<i>Topical Burn/Sunburn Relief Products.</i> Creams and gels, including aloe vera and other products labeled as providing relief for minor burns and/or sunburns. May contain topical pain relievers.	
	<i>Itch or Rash.</i> Topical Hydrocortisone. (Cortaid® and generics) Topical Diphenhydramine Hydrochloride. (Benadryl® Itch Relief and generics). Topical Calamine lotion.	
	<i>Chafing or similar problems.</i> Topical Medicated Powders. (Ingredients include menthol, zinc oxide, talcum powder, corn starch, etc)	
	<i>Swimmer's Ear</i> Prevention Drops. (Alcohol/Vinegar mixture and similar products)	
	<i>Topical Bite/Toxin neutralizers.</i> Meat tenderizers, AfterBite® etc. Contain ammonia, baking soda papain, vinegar and/or other ingredients to neutralize toxins.	
	Tincture of Benzoin (Used on skin adjacent to cuts to improve adhesion of bandages or steri-strips®)	
	ALL OF THE ABOVE	

I hereby certify that I have read and understand this document and that I have the authority as parent or guardian of the above minor to authorize the giving of medication to him:

Name printed:

Signature:

Date:

Contact Numbers (primary and alternate(s) in the event a leader wishes to discuss medications.

☐ Feel free to call day or night.

Frequently Asked Questions

- **Why am I being asked to sign this form?** The Boy Scouts of America prohibit Registered Adult Leaders (Scoutmaster, Assistant Scoutmasters, Committee Members) from administering any medication whatsoever to a scout without parental permission. Experience has shown that from time to time, scouts will need first aid or medication for minor conditions. Signing this form provides that permission without making us find you first. Your other Medical Forms and Releases for your Scout may provide a medical professional, if available, permission to provide these or other medications as required, unless you provide specific instructions to the contrary.
- **What if I don't sign?** Signing the Troop OTC Authorization form is entirely voluntary. If you choose not to, your son will not be given any type of over-the-counter medicine by a Troop adult volunteer(s) without your express permission. For example, if your son has sunburn, Troop adult volunteers will not be able to give him anything for it. Where possible, he may be taken to a Camp Health Lodge acute care center or hospital emergency room for treatment.

Sometimes, we are out of communication range, or even though within range, are unable to reach a parent. So, that means that needed medication could be delayed or prevented altogether, prolonging discomfort for your son. In some cases, as with bite toxin neutralizers, prompt administration is essential for the medication to have effect.

Your other Medical Forms and Releases for your Scout provide for Emergency authorization, through a Registered Troop Adult, for a medical professional, if available, to provide these or other medications or treatment as required, unless you provide specific instructions to the contrary.

- **Who decides whether my son needs something?** This form gives any registered volunteer adult leader of Troop 1000 permission to give medication to your son. It is the practice of the Troop for the Scoutmaster or other adult leader in charge of an event to be consulted in the event of illness or injury to a scout, but other volunteer registered leaders may use their discretion to administer medications when the leader in charge is not readily available. This form does not give permission for any parent who may be attending an event to give medication to your son. It is restricted to registered volunteer adult leaders. Your other Medical Forms and Releases for your Scout may provide a medical professional, if available, permission to provide these or other medications as required, unless you provide specific instructions to the contrary.
- **What does "topical" mean?** That is something that goes on the skin rather than in the mouth.
- **What about products not labeled for children under 12?** Some products, such as Pepto-Bismol®, contain ingredients the FDA has determined should not be given to children under 12 without consulting a physician. If your child is under 12, we will not dispense these medicines unless you check the box or insert a special instruction saying that it is OK.
- **What if I want a reduced dosage from what is on the label?** Please note this in the limitations/special instructions section for that medication.
- **How do you know my son really needs medication?** Sometimes we don't know for sure. From time to time, boys will report both real and imaginary ailments. Sometime, the real problem is homesickness. Sometimes, there are other causes. For example, headaches can be the result of dehydration or sunburns. While we will seek to determine and address the source of the symptoms, most of us are not doctors or mind readers and must rely on our first aid training, experience and judgment. If a boy reports a headache and you have authorized acetaminophen, we may give him a dose, even if we are unable to objectively verify he has a headache or determine a potential cause, to see if that solves the problem. If it does not and significant complaints persist, we will call a parent or contact a health care professional.
- **What if my son is really sick or hurt?** Expect a call. If a boy has a fever, vomiting or other significant symptoms or injuries, we will call a parent and/or seek appropriate professional medical care in accordance with the other medical authorizations you have executed. Again, this form is only for over-the counter-medications.
- **My son has an inhaler for asthma attacks or takes prescription medicine. Is this the form for that?** No. This form is for unanticipated needs for over-the-counter medicine. If your son has regularly prescribed medication that must be administered during a campout, or has special medication that must be administered on an as needed basis, you need to provide the medication and a separate permission/instruction sheet to the volunteer adult leader in charge of the event when you drop off your son. Don't just give it to any adult going on the trip. **To ensure proper accountability and that your son gets the medication he needs, you or your Scout must turn the medication and form into the adult leader in charge or the volunteer adult leader expressly designated as the person monitoring medication for that event.**
- **What if a medication is not on the list?** If the medication, its generics or its category are not on the list, we will not give it to your son without calling you. If you think we missed something that should be on the list, let us know.
- **What if I still have questions?** Ask the Scoutmaster.