

Permission to Give Over-the-Counter Medications

If it should become necessary, I hereby give permission to the event First Aider(s) to administer the following non-prescription medications to _____ .

Tylenol	Yes _____	No _____	Other: _____
Tums	Yes _____	No _____	Other: _____
Sudafed	Yes _____	No _____	Other: _____
Benadryl	Yes _____	No _____	Other: _____
or			
Chlorinephrine for allergies	Yes _____	No _____	Other: _____
Ibuprophen (Advil or Nuprin)	Yes _____	No _____	Other: _____
Neopsorin or Mycitracin for abrasions	Yes _____	No _____	Other: _____
Dramamine (for motion sickness)	Yes _____	No _____	Other: _____
or others (please list):	_____	_____	_____

She will be bringing the following medications with her:

Medication	Instructions for use:
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____
Parent/Guardian

Home Phone (_____) _____ Work Phone (_____) _____