SAFE Passage Summer Camp

PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name _____

Grade _____ **Age**_____ **Weight**_____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at BFL.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____**I approve all medications listed below**

- ☐ **Antibiotic cream** (i.e. Bacitracin Cream, Polysporin)
- ☐ **Ibuprofen** (i.e. Advil, Motrin, Nuprin)
- ☐ **Hydrocortisone cream** (i.e. Cortaid)
- ☐ **Acetaminophen** (i.e. Tylenol)
- ☐ **Benadryl Cream** (i.e. Caladryl, Diphenhydramine)
- ☐ **Antacid** (i.e. Mylanta, Maalox, Tums)
- ☐ **Sunscreen**
- ☐ **Cold Medications** (guaifenesin, pseudoephedrine phenylephrine)
- ☐ **Oral products containing benzocaine** (oragel, chloraseptic)
- ☐ **Antihistamine** (i.e. Benadryl, chlorpheniramine, Loratadine)
- ☐ **Tincture of Benzoin, Mastisol** (helps tape adhere)
- ☐ **Cough syrup** (dextromethorphan, plain or medicated cough drops)
- ☐ **Burn gels**
- ☐ **Eye drops for dryness**

OTC medications will be given at the manufacturer's recommended dosage. BFL is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medication must be given daily, please use the State Medication form:

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

_____

Does your student take any medication (either over-the-counter or prescription) on a regular basis?

_____

If yes, please list:

_____

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

_____ _____

(Signature of Parent or Guardian) **(Date)**