

# Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

Over-the-Counter (OTC) Medication may sometimes need to be administered if approval is indicated by the physician or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to \_\_\_\_\_ (Z) if the need arises. You may dispense only those checked below.

- |                                                                                                                 |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed                                         | <input type="checkbox"/> Micatin or anti-fungal cream for foot                                              |
| <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion allergy relief per instructions    | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed |
| <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lips, or canker sores as directed        | <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction as directed                        |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild irritations, poison ivy, and insect bites | <input type="checkbox"/> Visine or other eye drops for minor eye irritation                                 |
| <input type="checkbox"/> Robitussin or other cough syrup as directed                                            | <input type="checkbox"/> ^ Á ] u u CE [ • CE directed % • •                                                 |
| <input type="checkbox"/> Sunscreen                                                                              | <input type="checkbox"/> Medicated powder for skin irritation as directed                                   |
| <input type="checkbox"/> Other (list any other approved over-the-counter drugs): _____                          | <input type="checkbox"/> Calamine lotion for bug bites and poison                                           |
|                                                                                                                 | <input type="checkbox"/> Bug repellent                                                                      |