

CONSENT TO PROVIDE MEDICATION TO A MINOR

Name of event _____ Date(s) of event _____

Name of minor _____

1. **My child IS ALLERGIC to the following medications:**

2. **Medications Brought From Home To Be Given At The Event** – My child takes the medications listed below on a regular basis (include such things as allergy and menstrual cramp relief medications). **If a prescription does not have your child’s name as the designated patient, we cannot administer the medication.**

Medication	Prescription	Non-Pres.	Dosage	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. **Over The Counter Medications** – My child has my permission to take the medications indicated below as deemed necessary by the event first aider/health supervisor.

<u>Name of Medication</u>	<u>Purpose</u>
_____ Acetaminophen	To reduce pain or fever (i.e. Tylenol)
_____ Ibuprofen	An anti-inflammatory for swelling or fever (i.e. Advil, Motrin)
_____ Throat Lozenges	To soothe a sore throat
_____ Antibiotic Ointment	To prevent minor skin infections from cuts, scraps or burns
_____ Eye Rinse	To clean, refresh or sooth eye from discomfort and debris
_____ Calamine Lotion	To soothe insect bites from itching, burning, stinging
_____ Antacid Tablets	Provide relief from upset stomach (heartburn, stomach acid)
_____ Bismuth	Provide relief from nausea, diarrhea, and bloating
_____ Hydrocortisone Cream	To reduce redness, swelling, itching from variety skin conditions
_____ Hydrogen Peroxide	To prevent infections of minor cuts, scrapes and burns
_____ Lip Balm	To soothe chapped, cracked, dry and sunburned lips

*****ALL medications will be dispensed by the event first aider/health supervisor*****

No medication will be dispensed without parent/guardian signature

Signature of Parent/Guardian _____ Date _____

Print Full Name _____ Relationship _____