



Consent to Provide Medication to a Minor

Name of event _____ Date(s) of event _____

Name of minor _____

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

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).

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

If a prescription does not have your child’s name as the designated patient, we cannot administer the medication.

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, Anacin II)
_____ Ibuprofen	An anti-inflammatory for swelling or fever (i.e. Advil, Motrin)
_____ Throat Lozenges	Sore Throat
_____ Antibiotic Ointment	Cuts or scratches
_____ Eye Rinse	Eye irritation
_____ Caladryl	To soothe insect bites
_____ Tums	For slight upset stomachs
_____ Hydrocortisone Cream	Rashes
_____ Hydrogen Peroxide	Cleaning wounds
_____ Lip Balm	To soothe chapped lips

No medication will be dispensed without parent/guardian signature

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship _____