



Consent for Over the Counter Medication

I give permission for my child to receive any medication checked on the form below. I understand that generic medications may be used.

Medications/First Aide if needed:

_____ Acetaminophen (e.g. Tylenol)

_____ Aloe

_____ Antacids (e.g. tums)

_____ Triple Antibiotic ointment (e.g. Neosporin)

_____ Benzocaine Wipes (for bug stings)

_____ Calamine Lotion/ spray (pink for rashes)

_____ Diphenhydramine (e.g. Benadryl for allergic reaction)

_____ Hydrocortisone Cream 1% (for itch due to rash)

_____ Ibuprofen (e.g. Advil/Motrin)

All medications on this list will be used as directed on the bottle, tubes, or box.

Please list any known food, medical or environmental that are known:

Four horizontal lines for listing known food, medical, or environmental factors.

_Parent Signature:

_Date: