

# CONSENT TO PROVIDE MEDICATION TO A MINOR

Name of Event: \_\_\_\_\_ Date(s) of session \_\_\_\_\_

Name of minor \_\_\_\_\_

**\*\*\*The event health supervisor will dispense ALL medications \*\*\***

1. My child is allergic to the following medications: \_\_\_\_\_

2. **Medications brought from home to be dispensed 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	Prescript	Non-Pre	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 health supervisor.

<u>Name of Medication</u>	<u>Purpose</u>
_____ Acetaminophen	Reduce pain or fever (i.e., Tylenol, Anacin II)
_____ Ibuprofen	Anti-inflammatory for swelling or fever (i. e., Advil)
_____ Menthol throat Lozenges	Soothe sore throats
_____ Antibiotic Ointment	Cuts or scratches
_____ Eye rinse	Eye Irritation
_____ Zinc oxide with _____ diphenhydramine	Soothe insect bite (i. e., Caladryl)
_____ Calcium Carbonate	Slight upset stomachs (i. e., Tums)
_____ Hydrocortisone cream	Soothe rashes
_____ Hydrogen peroxide	Cleans wounds
_____ Lip balm	Soothe chapped lips

4. **NO MEDICATION WILL BE DISPENSES WITHOUT PARENT/GUARDIAN SIGNATURE**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_