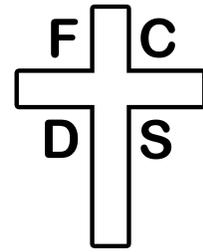


# Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication



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

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

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, antibiotic, sunburn)
- Tylenol/Acetaminophen as directed for headache or fever (if fever greater than 100.4 child must go home)
- Ibuprofen as directed for body aches, headache or fever
- Throat lozenges or cough drops for irritated or scratchy throat
- Pepto Bismol for upset stomach, acid reflux, heartburn, or diarrhea
- Hydrocortisone or Benadryl topical ointment/spray for mild skin irritations, poison ivy, and insect bites
- Homeopathic cough syrup (Hyland's) for cough and congestion
- Benadryl liquid oral for allergic reactions such as hives and swelling
- Bug repellent
- Other OTC (you must supply the OTC Medication to the office): \_\_\_\_\_

Office staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any and all purposes the school staff against any claims that may arise relating to my child being administered the above indicated over-the-counter medications including **injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of releases.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the First Christian Day School.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_