

## **Parent/Guardian Consent Form for Over-the-Counter Medication**

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Allergies (if any):** \_\_\_\_\_

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### **Parent/Guardian Information**

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

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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### **Authorized Over-the-Counter Medications**

Please check the medications you authorize staff to administer to your child:

☐ Acetaminophen (e.g., Tylenol)

☐ Ibuprofen (e.g., Advil, Motrin)

☐ Antihistamines (e.g., Benadryl)

☐ Cough Drops

☐ Antacid (e.g., Tums)

☐ Topical Ointments (e.g., Neosporin, hydrocortisone)

☐ Eye Drops

☐ Other (please specify): \_\_\_\_\_

**Dosage Instructions (if different from package instructions):**

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### **Consent and Authorization**

I, the undersigned parent/legal guardian, authorize the designated staff to administer the OTC medications selected above to my child, according to package instructions or as specified. I understand that medications will only be administered when necessary and that all efforts will be made to contact me beforehand unless in urgent situations.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_