

## OVER-THE-COUNTER (OTC) MEDICATION AUTHORIZATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies \_\_ No \_\_ Yes

If Yes, give name of medication(s) \_\_\_\_\_

Describe reaction \_\_\_\_\_

Youth Participants are expected to bring their own supply of any oral medications that they may need while on the mission trip. \_\_\_\_\_ (name of organization) will provide basic first aid supplies to youth (bandages, cold packs, etc.) when necessary.

Medications youth may take while on the mission trip will be provided by parents/guardians. ***All medications brought on the trip must be checked in with the First Aid adult leader and listed on this form.***

With parental consent, the following types of OTC medications may be made available to your child when needed. There may be rare instances in which team leaders will provide parental authorized medications to youth if the youth's individual supply is depleted at the time it is needed.

**Please check "yes" or "no" to authorize designated team leaders to give your child the following medications while on the mission trip.**

***OTC medications are dispensed per package directions unless written directives are provided by a Physician.***

Over-the-counter medication dispensed <i>per package directions</i> :	Indications:	Yes	No
Acetaminophen (Tylenol) or generic	Pain reliever/fever reducer		
Ibuprofen (Advil) or generic	Pain reliever/fever reducer		
Midol or generic	Menstrual cramps		
Benadryl or generic	Hay fever or upper respiratory allergies		
Sudafed PE or generic	Nasal and sinus congestion		
Cough drops or throat lozenges	Cough/throat irritation		

**Please add any other OTC medications you expect to provide for your child.**

Over-the-counter medication dispensed <i>per package</i> <i>directions:</i>	Indications:	<b>Yes</b>	<b>No</b>

**I give permission for the medication(s) listed above to be given to my child for self-administration at the discretion of team leadership or dispensed by designated personnel as delegated by team leadership.**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**