



OVER THE COUNTER MEDICATION PERMISSION

My child, _____ has packed the following
over-the-counter medications in their luggage:

I give permission for the director or chaperones to give the following over-the-counter
medications as needed:

- Acetaminophen
- Ibuprofen
- Benadryl (generic)
- Pepto (generic)
- Hydrocortisone
- Other _____

Please indicate below if you would prefer to have us call you before we give over-the-counter
medication.

- I would like a call before any medication is given.

Name _____ Phone Number _____

Parent Name

Parent Signature

Date