

## Over the Counter Medication Authorization Form - Grades 5-8

Dear Families,

Because we will be in the backcountry for our end of the year trip, we are sending home a separate authorization form to dispense over the counter medications while on this trip. Please review the form and circle YES or NO for each medication on the list. This information will be necessary in the event that such medications may be recommended or needed for your child. If deemed necessary or needed, all medications will be given as directed on the bottle for your child's age/weight. ***We will not be supplying or applying bug spray or sunscreen to students. They will need to provide and apply their own bug spray and sunscreen while on the trip.***

**Please circle YES or NO for each of the medications listed below:**

**Yes**   **No**   Ibuprofen   200 mg coated tablets: 200 mg every four to six hours: Administered for injury, fever, or prolonged headaches

**Yes**   **No**   Polysporin Antibiotic Ointment: Applied to abrasion 1 to 3 times daily, as needed

**Yes**   **No**   Diphenhydramine HCL   25 mg tabs (antihistamine): Used in the case of allergic reaction 25- 50 mg. every four to six hours

I consent to the dispersal of the medications that I have circled YES in the above list to my child in the event that my child is assessed to be in need of such medications. I understand that these medications will be administered as directed and with my child's best interest in mind. I understand that no additional OTC medications will be available.

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Parent Name (print)

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Student's Name

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Parent Signature

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Date