

Over-the-Counter Medication Authorization Form - Grades K-4

Dear Families,

Because we will be in the backcountry for our end of 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 **initial** the over-the-counter medications that you approve for your child in the event that such over-the-counter medication is recommended and or needed for your child. ***We will not be supplying or applying any 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 three medications listed below:

- YES NO Advil-Junior Strength Chewable Tablets: 2.5 tablets every 6 hours, as needed.
- YES NO Polysporin First Aid Antibiotic Ointment: Applied to abrasion 1 to 3 times daily, as needed.
- YES NO Children's Benadryl Liquid Allergy Medication: 25mg every 6 hours, as Needed for allergic reaction

I consent to the dispersal of the over-the-counter medications that I circled YES in the above list to my child in the event that my child is assessed to be in need of such over-the-counter medications. I understand that these over-the-counter medications will be given out in accordance with the directions and with my child's best interest in mind.

Parent Name (printed)

Student's Name

Parent Signature

Date