

# Medical Authorization for Non-Prescribed Medications

Childs Name \_\_\_\_\_



All over-the-counter medications including topical substances shall be in the original container and labeled.

All medication will be administered based on child's weight and age.

My child may be given non prescribed medication.

This may include the following (check one):

Actaminophen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Antihistamine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
Hydrocortisone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insect Sting Relief	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
Ibuprofen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Picaridin Repellent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
15% DEET Repellent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Bactracin Ointment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
Spray Antiperspirant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Aloe Vera	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
Spf 50 Sunscreen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					
Mineral Sunscreen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
		<input type="checkbox"/>		<input type="checkbox"/>					

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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