

Medication Permission Form

Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as minor aches and pain, headache, stomachache, allergic reaction, etc. while at a Maples Youth event?

_____ YES, I grant permission for an adult youth leader to give my child the following over-the-counter medications, as directed, on an as needed basis to treat non-emergency medical conditions.

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|---|---------|--------|
| ▪ Pain Reliever (Ex: Tylenol, Advil, Aleve, etc.) | ___ Yes | ___ No |
| ▪ Cough Syrup, Cough Drops, Throat Lozenges | ___ Yes | ___ No |
| ▪ Decongestant | ___ Yes | ___ No |
| ▪ Antacid | ___ Yes | ___ No |
| ▪ Antihistamine | ___ Yes | ___ No |
| ▪ Upset Stomach & Diarrhea | ___ Yes | ___ No |
| ▪ Motion Sickness | ___ Yes | ___ No |

Parent/Guardian Signature: _____ **Date:** _____

_____ NO, please contact me or get medical help if my child has any minor medical concerns.

Parent/Guardian Signature: _____ **Date:** _____