

LIPY-CM

**OTC (OVER-THE-COUNTER) MEDICATIONS
PERMISSION TO DISPENSE:**

I give permission for my child to have the following medications or generic equivalent, if needed, while on this Lutheran Inter-Parish Youth of Central MA event. Doses to be administered as per package directions.

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|--|------------------|
| Analgasic ointment (for muscle pain) | Immodium |
| Antibiotic ointment (bacitracin) | Milk of Magnesia |
| Aurolgan (for ear pain) | Motrin, Advil |
| Benadryl | Neosporin |
| Calamine lotion | Robitussin, & Dm |
| Cough drops | Solarcaine |
| Desenex | Sudafed |
| Epinephrine for treatment of anaphylazix (epi-pen) | Tums |
| Hydro cortisone cream | Tylenol |

If there is any OTC medication not listed, I give permission for the Trip Leader to dispense as needed.

YOUTH: _____

ALLGERGIES: Please list any allergy to the above listed or any other medications: _____

_____.

PARENTAL SIGNATURE: _____

**SPECIALIZED MEDICATIONS
PERMISSION TO ADMINISTER:**

Medication(s): _____

Medical condition(s): _____

DATE: _____