

# Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication



Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to \_\_\_\_\_ (child's name) if the need arises. You may dispense only those checked below.

- |  |   |
|--|---|
| <input type="checkbox"/> Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) | <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat                           |
| <input type="checkbox"/> Tylenol/Acetaminophen as directed   | <input type="checkbox"/> Ibuprofen as directed  |
| <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat  | <input type="checkbox"/> Micatin or anti-fungus treatment as directed for athlete's foot                    |
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed  | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed |
| <input type="checkbox"/> Roloids or Tums for acid reflux, heartburn, or indigestion as directed  | <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed                       |
| <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions                          | <input type="checkbox"/> Visine or other eye drops for minor eye irritation                                 |
| <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed                         | <input type="checkbox"/> Swimmer's ear drops as directed  |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites                     | <input type="checkbox"/> Medicated powder for skin irritation as directed                                   |
| <input type="checkbox"/> Robitussin or other cough syrup as directed   | <input type="checkbox"/> Calamine lotion for bug bites and poison ivy                                       |
| <input type="checkbox"/> Sunscreen   | <input type="checkbox"/> Bug repellent  |
| <input type="checkbox"/> Other (list any other approved over-the-counter drugs): _____   |   |

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M University.

Participant Name \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_