

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



Over-the-Counter (OTC) Medication may sometimes need to be administered if approval is indicated by the 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 \_\_\_\_\_ ( Z ] o [ • if the • need arises. You may dispense only those checked below.

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| <p>Kaopectate or Imodium for diarrhea <input type="checkbox"/></p> <p>Actifed or Sudafed as directed for nasal congestion allergy relief <input type="checkbox"/></p> <p>Medicated lip ointment for dry, chapped lips, lipsters, or canker sores <input type="checkbox"/></p> <p>Hydrocortisone ointment as directed for mild irritations, poison ivy, and insect bites <input type="checkbox"/></p> <p>Robitussin or other cough syrup <input type="checkbox"/></p> <p>Sunscreen <input type="checkbox"/></p> <p>Other (list any other approved over-the-counter drugs): _____</p> | <p>Micatin or anti-fungal cream for foot <input type="checkbox"/></p> <p>Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea <input type="checkbox"/></p> <p>Benadryl for swelling, hives, allergic reaction <input type="checkbox"/></p> <p>Visine or other eye drops for minor eye irritation <input type="checkbox"/></p> <p>Medicated powder for skin irritation <input type="checkbox"/></p> <p>Calamine lotion for bug bites and poison <input type="checkbox"/></p> <p>Bug repellent <input type="checkbox"/></p> |
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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 be done under the supervision of medical personnel. I also agree that any first aid treatment may be held harmless for any all purposes Lamar University, The Texas State University System officers, directors, members, servants, agents, and volunteers (RELEASEES) against any claims that may arise relating to me 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 Lamar University.

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

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