

Student Name: _____

The PowerKnights, Team 501 Over-The-Counter Medication Permission Form 2018 - 2019

It is the policy of The PowerKnights, Team 501 that we must have permission from a child's parent or legal guardian for a child to receive any over-the-counter medication from the designated team medical contact.

The medical contact person will have the below listed over-the-counter medication with them at all competitions. Administration is based on assessment of the symptoms and information filled out below. It is the expectation of The PowerKnights that your child **will not** be carrying these medications themselves.

Please check off the over-the-counter medications listed below that you authorize your child to receive and return this form to the team medical contact person.

PLEASE REMEMBER THAT WE CAN ONLY GIVE MEDICATION WITH WRITTEN PERMISSION!!!!

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) | <input type="checkbox"/> Antibiotic Ointment (i.e. Neosporin) |
| <input type="checkbox"/> Ibuprofen (i.e. Advil, Motrin) | <input type="checkbox"/> Hydrocortisone (i.e. Cortizone cream) |
| <input type="checkbox"/> Menthol Cough Drops | <input type="checkbox"/> Calcium Antacid Tablets (i.e. Tums) |
| <input type="checkbox"/> Menthol Cough Drops (sugar free) | <input type="checkbox"/> Benadryl anti-itch Gel
(i.e. 2% Diphenhydramine HCl) |

If your child needs any over-the-counter medication which is not listed above, you will need to provide it to the team medical contact person to be dispensed. Medication must be delivered to the medical contact person by the parent or legal guardian in the original container and clearly labeled with the child's name. All medication provided by a parent or legal guardian will be returned at the end of the competition.

Over-The-Counter medication not listed above that will be provided by parent:

Special Instructions:

Allergies:

I give permission for The PowerKnights, Team 501 medical contact person to give my child _____ the medications I have indicated with a check mark of my approval, including any medications I have indicated in the "other" section.

Parent/Guardian Signature: _____ Date: _____