

# OTC MEDICATION FORM



## OVER-THE-COUNTER (OTC) MEDICATION PERMISSION FORM

It is the policy of The PowerKnights Robotics Team that we must have permission from a child's parent or legal guardian for a child to receive or take 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 Robotics Team 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.

### COMMON OTC MEDICATIONS

- |   |   |
|---|---|
| <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) |

**PLEASE REMEMBER THAT WE CAN ONLY GIVE MEDICATION WITH WRITTEN PERMISSION.**

### ADDITIONAL OTC MEDICATIONS

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:

|                          |                          |
|--------------------------|--------------------------|
| Medication Name / Dosage | Medication Name / Dosage |
| Instructions             | Instructions             |
| Allergies                | Allergies                |

Student Name: \_\_\_\_\_

I give Team 501 - The PowerKnights Robotics Team medical contact person or mentor permission to give my child (named above) the medications I have indicated with either a check mark or medications I have indicated/listed in the "Additional OTC Medications" section.

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

