

Dear Choral Union Parents,

During our trip to San Jose for the CCDA conference, your child may wish to receive an over the counter (OTC) drug for minor conditions on an as-needed basis. In order to give a student an OTC drug, we need your express consent.

Please initial the medications (or select all) that your child _____ may receive and sign below.

Pain relief/colds

Ibuprofen (Advil)

Acetaminophen (Tylenol)

Please initial

Motion sickness

Dramamine or equivalent

Diarrhea/Upset stomach/Nausea

Pepto Bismol

Tums

Sneezing/Itchy/Watery eyes/Allergies

Benedryl (runny nose, suspected allergic reaction) _____

Claritin (sneezing, hayfever) _____

Zyrtec (sneezing, hayfever) _____

Sore throat

Ricola

Suspected bug bite

Benedryl cream

I authorize **all/any** _____ (initial) of the above OTC medications to be given to my child if needed.

Signature of parent

Date

Print Name

THIS FORM IS VOLUNTARY; no staff or chaperone will give your student any OTC medicine without your express permission.