

**OVER THE COUNTER MEDICATION CONSENT FORM**

I, \_\_\_\_\_ (Parent's Name) hereby grant consent to the Baldwin Highlander Music Patron's nurse on duty, so that he/she/they can dispense medications to my child \_\_\_\_\_ (Child's Name), while on a field trip with the Baldwin Highlander Marching Band.

<u>Prescription Medications</u>	<u>Purpose</u>	<u>Dose</u>	<u>Time of Day</u>
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Over the Counter Medications

\_\_\_\_\_ Tylenol      \_\_\_\_\_ Motrin      \_\_\_\_\_ Benadryl      \_\_\_\_\_ Tums

\_\_\_\_\_ Neosporin      \_\_\_\_\_ Hydrocortisone      \_\_\_\_\_ Imodium      \_\_\_\_\_ Cough Drops

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)