

Last Name (please print): _____

**KELLOGGSVILLE MARCHING BAND
OVER-THE-COUNTER MEDICATION PERMISSION**

Parents/Guardians: Below is a list of the over-the-counter medications and preparations we have that may be dispensed to your child on an as needed basis while he/she attends the Kelloggsville Rocket Marching Band Camp. Your signature below authorizes us to dispense these medications during band camp. If there are medications you do not want dispensed to your student please list them in the space provided below.

Students Full Name (please print): _____

Medication/Preparation

Acetaminophen (Tylenol)

Calamine/Caladryl Lotion

Skin Cleansing Agent

Cough/cold/allergy medication

Benadryl/Sudafed

Sunburn preparation/Aloe lotion

Earache medication

Pamprin/Midol

Ibuprofen (Motrin)

Hydrocortisone Ointment

Topical (skin) Antibiotic

Cough drops/throat lozenges

Ice and warm packs

Indigestion/diarrhea medication

Icy Hot

Sunscreen

Please do not dispense the following medications to my student: _____

Signature of Parent/Guardian

Date

Daytime Phone: _____ Evening Phone: _____