

Attachment HA 3: Consent for Over the Counter Medication Administration



Consent for Over the Counter Medication Administration

I/We, _____ the parent or guardian, hereby give consent for my child/ward, _____ to receive the following over the counter preventatives/creams/medications at the discretion of the nurse:

- Tylenol/Acetaminophen
- Motrin/Ibuprofen
- Benadryl (for allergic reactions)
- Sudafed
- Kaopectate
- Maalox/Tums
- Ipecac (per Poison Control instruction)
- Cough Syrup
- Sunscreen
- Calamine Lotion (for itch)
- Cough Drops
- Triple Antibiotic Ointment

Dosage per package directions

Please cross out those above that you prefer not to be given

Write any preferred treatment, instructions during illness or first aid treatment regarding your child/ward:

Parent/Guardian signature: _____ Date: _____

Physician/PA/NP signature: _____ Date: _____

*** Consent expires one year from date signed unless otherwise stated.**