

OVER THE COUNTER MEDICATION & FIRST AID
PARENT PERMISSION FORM

****Please circle any medications you do not wish to be given****
****Your signature is required for your athlete's request to be fulfilled****

<u>Product</u>	<u>Description of Use</u>
Ibuprofen	Used for pain & inflammation of an athletic injury
Aleve	Used for pain/fever due to headache or injury
Acetaminophen	Used for pain/fever due to headache or illness
Sudafed (Sudanyl)	Non-drowsy decongestant/antihistamine
Chloraseptic	Throat spray or lozenges for sore/scratchy throats
Robitussin	Cough syrup: helps to loosen mucus & bronchial secretions to make cough more productive
Tums/Maalox/etc...	Used as an antacid
Pepto-Bismal	Used for nausea, cramping, and/or diarrhea
Back-Quell	Used for back pain relief & helps relax back muscles
Hydrogen-Peroxide	Used to flush out & clean wounds
Nitrotan	Spray used to clean minor wounds & kill germs
Neosporin/First Aid Cream	Antibiotic cream/ointment used to heal minor wounds
Rubbing Alcohol	Used to clean & disinfect areas or instruments
Eye Wash/Saline	Used to flush out eye & relieve itching/redness in eyes
Fosfree (Medilyte)	Supplement with calcium & iron to relieve muscle cramps
Heat Guard	Slow Release Electrolyte Replenisher

If you have any question regarding any of the above products, please call your
Athletic Trainer.

All products are over the counter and used as directed.

Please verify that you have read, understand and agree to this policy as it is
stated above by signing and dating this form.

Athlete's Signature

Date

Parent/Guardian Signature Date