



CHURCH OF THE ROCK

St. Albans, Vermont

Permission to Administer Over-the-Counter Medications

Youth Name: _____
Last First Middle Initial

Date of Birth: _____ Weight: _____

I, _____ parent/legal guardian of _____ give permission for a representative of the CHURCH OF THE ROCK to administer the following over-the-counter (OTC) medications to the above mentioned Youth (please check those desired):

Pain and Fever:

- Ibuprophen (i.e. Advil, Motrin, Store Brands, Generic)
- Acetaminophen (i.e. Tylenol, Store Brands, Generic)
- Naprosyn (i.e. Aleve, Store Brands, Generic)

Allergy

- Diphenhydramine Hydrochloride (i.e. Benadryl, Store Brands, Generic)
- Loratadine (i.e. Claritin, Alavert, Store Brands, Generic)
- Tear substitute (artificial tears) eyedrops

Antacid

- Calcium Carbonate (i.e. Peptol tables/liquid, Tums, Store Brands, Generic)
- Aluminum Hydroxide & Magnesium Hydroxide (i.e. Mylanta, Maalox, Store Brands, Generic)

Topical

- Praxmoxine/Camphor/Calamine (i.e. Caladryl, Store Brands, Generic)
- Bacitracin/Neomycin Polymyxin (i.e. Neosporin, Store Brands, Generic)

Colds

- Psuedoephedrine—Oral (i.e. Sudafed, Afrin, Store Brands, Generic)
- Chlorpheniramine/Phenylpropanalamine (i.e. Triaminic, Store Brands, Generic)
- Brompheniramine (i.e. Dimetapp, Store Brands, Generic)
- Chlorpheniramine (i.e. Pedicare, Vicks, Store Brands, Generic)
- Dextromethorphan (i.e. Robitussin, Sucrets, Store Brands, Generic)
- Cough Drops

Prescription Medication

Reason for Medication: _____ Name of Medication: _____

Dosage: _____ @ _____ Route _____ Youth may "self-medicate"

I am the parent or legal guardian for the above named Youth , and give my permission for him/her to receive the medication indicated above by a THE CHURCH OF THE ROCK representative. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed on the Emergency Medical Treatment Authorization. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Youth. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE AND FOREVER DISCHARCH the Church of the Rock and its Pastors, Elders, Ministers, Advisors, Parents and subsidiaries, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any claims made against medical providers of emergency services under this authorization, against Church of the Rock for obtaining medical emergency services for said Youth pursuant to this authorization, or against Church of the Rock for Youth in the event of any accident willful or negligent to and from events.

Parent or guardian _____ Signature _____ Date _____
(Print Name)