

I give my permission for the FBCC ASP Director to administer the following OTC medications to my child after I (the parent) have been notified of my child's symptoms.

****PLACE INITIALS BY EACH MEDICATION FOR WHICH YOU CONSENT:**

Initials	OTC Medication	Directions
	Tylenol and/or Ibuprofen	As directed for fever/pain
	Benadryl (orally and topically)	As directed for allergic type symptoms
	Neosporin/Vaseline Cream	As directed for skin related conditions
	Anbesol/Orajel	As directed for tooth/gum conditions
	Saline Solution/Visine	As directed for eye related issues
	Cough Drops/Lozenges	As directed for sore throat/cough
	TUMS	As directed for acid indigestion

Child's Name: _____

Parent Signature: _____