

# MEDICATION APPROVAL

We will have Tylenol, Motrin and Benadryl available in our first aid kits.

1. I authorize an adult leader to give my child \_\_\_\_\_,  
the following medication if deemed necessary.

\_\_\_\_\_ Tylenol          \_\_\_\_\_ Motrin          \_\_\_\_\_ Benadryl

2. My child \_\_\_\_\_, will bring the following over-  
the-counter medications:

\_\_\_\_\_  
\_\_\_\_\_

and is authorized to take them as needed.

3. My child \_\_\_\_\_, will bring the following  
prescription medications:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Authorized to take them on his/her own.

\_\_\_\_\_ Should be kept and dispensed by an Adult Leader

Allergies to medications or food

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_