

# THE DANCE AUTHORITY

## PARENT PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION

Student Name : \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at The Dance Authority.

### PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

#### TOPICAL:

\_\_\_\_\_ Antibiotic cream (i.e. Bacitracin Cream, Polysporin)

\_\_\_\_\_ Hydrocortisone cream (i.e. Cortaid)

\_\_\_\_\_ Benadryl Cream (i.e. Caladryl, Diphenhydramine)

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Tincture of Benzoin, Mastisol (helps tape adhere)

#### ORAL:

\_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin, Nuprin)

\_\_\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_\_\_ Antacid (i.e. Mylanta, Maalox, Tums)

\_\_\_\_\_ Cold Medications (guaifenesin, pseudoephedrine)

\_\_\_\_\_ Oral products containing benzocaine (oragel, chloraseptic) phenylephrine)

\_\_\_\_\_ Antihistamine (i.e. Benadryl, chlorpheniramine)

\_\_\_\_\_ Cough syrup (dextromethorphan, plain or medicated cough drops)

#### THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY CHILD:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

#### MEDICATION HISTORY:

Is your student allergic to any medications? \_\_\_\_Yes \_\_\_\_No

If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? \_\_\_\_Yes \_\_\_\_No

If yes, please list: