

The Salvation Army USA East

TAM Conservatory

Over The Counter Medicine Release Form – Minor

Delegate Name_____

NON-CONSENT

(Sign here if you do not want any form of over-the-counter medications given to your child.

Parent/Legal Guardian Signature

Date

Home Phone

Work Phone

Cell Phone

CONSENT

The following medications may be administered to my child while they are at TAM Conservatory:

<p>Acetaminiphen (Tylenol) Yes____ No____ Given for headaches, muscular aches, fever reduction.</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction:_____</p> <p>_____</p> <p>_____</p>	<p>Ibuprofen (Advil, Motrin) Yes____ No____ Pain reliever, anti-inflammatory, fever reducton.</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction:_____</p> <p>_____</p> <p>_____</p>
<p>Diphenhydramine (Benadryl) Yes____ No____ Antihistamine, given for bug bites and bee stings.</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction:_____</p> <p>_____</p> <p>_____</p>	<p>Anti-itch, gel, cream, or lotion Yes____ No____ Itch relief for poison ivy, oak, and bug bites</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction:_____</p> <p>_____</p> <p>_____</p>

<p>Pepto-Bismol/Antidiarrheal Yes____ No____ Upset stomach.</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction: _____ _____ _____</p>	<p>Antibiotic Ointment (Neosporin) Yes____ No____ Cuts, scratches</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction: _____ _____ _____</p>
<p>Sunscreen Yes____ No____ Sunburn Prevention</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction: _____ _____ _____</p>	<p>Insect Repellent Yes____ No____ Mosquito deterrent.</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction: _____ _____ _____</p>
<p>Cough Syrup or drops Yes____ No____ Scratchy or dry throat</p> <p>If yes: My child has used this before Yes____ No____ Any known reaction Yes____ No____</p> <p>If yes, please give details of reaction: _____ _____ _____</p>	<p>PLEASE ADD ANYTHING WE MAY NEED TO KNOW TO HELP YOUR CHILD HAVE A SUCCESSFUL EXPERIENCE AT TAM CONSERVATORY.</p> <p>_____ _____ _____ _____</p>

Signature of Parent/Legal Guardian

Date

Home Phone

Work Phone

Cell Phone