The Salvation Army USA East

TAM Conservatory OTC Form

Delegate Name_____

NON-CONSENT
(*Sign here if you do not want any form of over-the-counter medications given to your child. Delegates are required to administer, store, and secure any prescription medication they have.)*

_____ _____
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:

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

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

By signing below, I understand that delegates are required to administer, store, and secure any prescription medication they have.

_____ _____

Signature of Parent/Legal Guardian *Date*

_____ _____ _____

Home Phone *Work Phone* *Cell Phone*