

# MEDICATION CONSENT FORM (2023 - 2024)

## FOR YOUTH IN GRADES 6 - 12 (ONE PER CHILD)

Full Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type / Name of Medication	Dosage	Frequency

**PLEASE CHECK OFF EACH OTC MEDICATION FOR WHICH  
YOU ARE GIVING PERMISSION TO BE ADMINISTERED TO YOUR CHILD:**

\_\_\_\_\_ I approve all OTC medication listed below

\_\_\_\_\_ I do not want any OTC meds given to my student

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

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

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

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

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

\_\_\_\_\_ Oral products containing benzocaine (orajel)

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

\_\_\_\_\_ Eye Drops

\_\_\_\_\_ Cough medicine (Delsym)

\_\_\_\_\_ Pepto Bismol

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

I give permission for the administration of the medication, according to the instructions listed, to the child listed above by fuse Youth Ministry, a ministry of First Church Williamsport.

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

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:

Is the full name of the child on the container? YES NO

Is the prescription current? YES NO

Does the dose, name of drug, frequency of administration match this form? YES NO