



## Consent for Administration of Approved Discretionary Medications

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to receive any Medication listed below on this form as deemed necessary by the Choir Assistant or Travel Nurse. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medication may be used in place of more expensive brand-name items.

Please check any medication you wish to be made available to your child:

For Headache/Fever/  
Earache/Muscle Aches/  
Pain/ Menstrual Cramps

\_\_\_ Acetaminophen  
(like Tylenol)

\_\_\_ Ibuprofen  
(like Advil)

For Bites/Allergic Rashes

\_\_\_ Anti-itching Lotion  
(like Calamine/Senadryl)

For Sore Throat

\_\_\_ Throat Lozenges

For Mild Allergic Reactions

\_\_\_ Diphenhydramine

For Coughs

\_\_\_ Cough Drops

For Upset Stomach

\_\_\_ Chewable Antacid  
Tablets

I understand that the above medication I have checked will be administered by the Choir Assistant or Travel Nurse.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Home Phone: \_\_\_\_\_

Work/Emergency: \_\_\_\_\_

