

**Permission Form to Administer Over-the-Counter Medications**  
**Archdiocese of Cincinnati**  
**NCYC Kansas City, MO**  
**November 18—22, 2009**

**This form is OPTIONAL for parents to complete.**

**PLEASE PRINT!**

Name of Participant: \_\_\_\_\_

Name of Parent giving permission: \_\_\_\_\_

The program directors may give over-the-counter medications to my son/daughter listed above in the following situations.

Please initial any that apply.

For headache and/or fever, you may give my son or daughter

- \_\_\_\_\_ Tylenol (acetaminophen)
- \_\_\_\_\_ Aspirin
- \_\_\_\_\_ Advil (ibuprofen)
- \_\_\_\_\_ Other (please list) \_\_\_\_\_

For upset stomach, you may give my son or daughter:

- \_\_\_\_\_ Pepto Bismol (Pink Bismuth)
- \_\_\_\_\_ Kaopectate
- \_\_\_\_\_ Mylanta
- \_\_\_\_\_ Other (please list) \_\_\_\_\_

If any other medical situations occur, I understand that I will be contacted.

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

\_\_\_\_\_  
Date

Phone: (day)\_(\_\_\_\_\_)\_\_\_\_\_

(eve)\_(\_\_\_\_\_)\_\_\_\_\_

**(This completed original form is kept with the Group Leader at all times while at NCYC Kansas City. Please keep a copy at your parish or school. Do not send this form to the OYYAM.)**