



Name: \_\_\_\_\_

### **Permission to Administer Over-the-Counter Medication**

Over the counter pain relievers/medication may be administered to my child during a church event (as needed) by the Designated Adult in Charge:

Check below

Acetaminophen (i.e. Tylenol)

Pepto Bismol/Tums

Ibuprofen (pain Reliever)

Dramamine

Antihistamine/Decongestant (i.e. Benadryl)

Other Over-the-Counter Meds:

\_\_\_\_\_

This Release Form will remain in effect from date signed through June 30, 2019.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature