

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, 2018.

Parent/Guardian _____ Date _____
Signature