



Medication and First Aid Products Permission

I give permission for these products as marked, to be given to my child, _____ by the First Aider, if needed.

My child's Prescription Drugs*	Yes _____	No _____
<small>*All prescription medications must be in the original bottle or packaging and given to the First Aider.</small>		
Children's Tylenol	Yes _____	No _____
Adult Tylenol	Yes _____	No _____
Aleve	Yes _____	No _____
Excedrin	Yes _____	No _____
Ibuprofen	Yes _____	No _____
Benadryl (pill or liquid)	Yes _____	No _____
Benadryl Cream	Yes _____	No _____
Bee Sting relief medication	Yes _____	No _____
<small>Please bring an epi-pen if your child is severely allergic to bees.</small>		
Antibiotic ointment	Yes _____	No _____
Alcohol pad or swabs	Yes _____	No _____
Swabs	Yes _____	No _____
Baby powder	Yes _____	No _____
Eye drops/wash	Yes _____	No _____
Cough drops	Yes _____	No _____
Baby wipes	Yes _____	No _____
Hand sanitizer	Yes _____	No _____
Bactine Spray	Yes _____	No _____
Aloe Vera Gel (for sunburns)	Yes _____	No _____
Hand lotion	Yes _____	No _____
Pepto Bismol	Yes _____	No _____
Tums/Rolaids	Yes _____	No _____
Burn Cream	Yes _____	No _____
Neosporin Cream	Yes _____	No _____
Calamine Lotion (for poison ivy)	Yes _____	No _____
Bug repellent (all kinds)	Yes _____	No _____
Sun screen	Yes _____	No _____
Motrin	Yes _____	No _____
Hydrocortisone Cream	Yes _____	No _____
Tampons (all brands)	Yes _____	No _____
Feminine pads (all brands)	Yes _____	No _____
Other (please specify): _____		

Parent or Guardian's Signature

Date