



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 _____

**All prescription medications must be in the original bottle or packaging and given to the First Aider.*

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 _____

Please bring an epi-pen if your child is severely allergic to bees.

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/Roloids 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