

**Advent Lutheran Church
Parental Consent Form
The Use of Non-prescription Medicine**

It is the policy of the Advent Lutheran Church to obtain parental or guardian consent for the use of non-prescription (over the counter) medications, such as:

Please check each item after making any desired changes at right (specify any allergies):

- | | | |
|-------|-----------------------------------|---|
| _____ | Analgesics | (Tylenol or acetaminophen equivalent) |
| _____ | Antihistamines | (Allerest, Chlortrimeton, Sudafed, Benadryl) |
| _____ | Anti-diarrheas | (Kaopectate, Immodium, PeptoBismol) |
| _____ | Cold Symptoms | (Robitussin, Dimetapp, Tylenol) |
| _____ | Topical Ointments
Insect Bites | (Rhuligel, Sting ease) |
| | Sunburn | (Solarcaine, Rhulicream) |
| | Poison Ivy/Oak | (Calamine Lotion, Rhuligel) |
| | Abrasions | (cleaned with 3% hydrogen peroxide
& Neosporin ointment applied) |

All medications are given in accordance with manufacturer recommendations and child/youth height and weight.

Any symptoms that are persistent will be brought to the attention of parent/guardian and a physician, if necessary.

Neither Advent Lutheran Church nor its employees and staff are responsible for the untoward affects of non-prescription medications.

I give permission for the child/youth named below to receive non-prescription medication during their presence at Advent, as specified above, when it is deemed necessary by the leader or staff.

(Signature of Parent/Guardian)

Child/Youth Name _____ Date _____