Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

STUDENT ACTIVITIES
TEXAS A&M UNIVERSITY

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to _____ (child's name) if the need arises. You may dispense only those checked below.

- ☐ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
- ☐ Tylenol/Acetaminophen as directed
- ☐ Throat lozenges and/or spray as directed for sore throat
- ☐ Kaopectate or Imodium for diarrhea as directed
- ☐ Rolaids or Tums for acid reflux, heartburn, or indigestion as directed
- ☐ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions
- ☐ Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed
- ☐ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites
- ☐ Robitussin or other cough syrup as directed
- ☐ Sunscreen
- ☐ Throat lozenges and/or spray as directed for sore throat
- ☐ Ibuprofen as directed
- ☐ Micatin or anti-fungus treatment as directed for athlete's foot
- ☐ Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed
- ☐ Benadryl for swelling, hives, allergic reaction, as directed
- ☐ Visine or other eye drops for minor eye irritation
- ☐ Swimmer's ear drops as directed
- ☐ Medicated powder for skin irritation as directed
- ☐ Calamine lotion for bug bites and poison ivy
- ☐ Bug repellent
- ☐ Other (list any other approved other-the-counter drugs): _____

_____

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will ***not*** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES***.

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M University.

Participant Name _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Adapted from Auburn University's Summer Experience Required Form Packet, http://www.auburn.edu/student_info/auband/event/summer_camps/documents/2014_medical_form.pdf

Texas Dept of Family and Protective Services

AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238
May 2005

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication
Prescribing Physician	Prescription No.	Expiration Date
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Additional Instructions:

Signature-Parent or Guardian _____ Date _____

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian ☐ Thrown Away Date:

Texas Dept of Family and Protective Services

AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238
May 2005

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication
Prescribing Physician	Prescription No.	Expiration Date
Dosage	When to Give	Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Additional instructions:

Signature-Parent or Guardian _____ Date _____

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication

☐ Returned to Child's Parent/Guardian ☐ Thrown Away Date: