

Participant's Name: _____

Permission to Administer OTC Medications

I give permission to Rebecca Connolly or Rita Ashford to administer the following OTC medications to my child, _____, while
(name of child)
on the Germany/Italy excursion during June 29th – July 7th 2010

Please check the medications that we may administer to your child in the case of sickness.

- _____ Imodium
- _____ Tylenol
- _____ Advil
- _____ Sudafed
- _____ Benadryl
- _____ Cough drops
- _____ Tums

*Please note it is expected that your child brings his/her own OTC medications. We will carry an emergency medicine kit with us in the case that your child may not have what he/she needs at that moment.

Parent Signature: _____

Date: _____