



Program: 2018 High School Summer Program – Putney Campus

From: Health Services

Re: Over the Counter Medication Authorization

Last name	First name	Middle	(Chosen Name)	Birth Date	Age
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Our policy is not to use medications unless necessary. There are, however, situations that require the use of non-prescription medications. The following medications will be available if the need arises. Please, review the list and check the medications that you **would like** available to your student and sign the permission form below.

- Acetaminophen/Tylenol (headache, fever, pain relief)
- Ibuprophen/Motrin/Advil (pain relief, menstrual cramps, fever)
- Bismuth/Pepto Bismal (indigestion, nausea, heartburn, diarrhea)
- Non-Sudafed Pseudoephedrine (nasal/sinus congestion)
- 1% Hydrocortisone Cream/Cortaid (itching, rash, skin irritations)
- Triple Antibiotic Ointment (first aid antibacterial)
- Benadryl/Diphen (allergic reaction)
- Robitussin DM/Guaicon DM (cough/colds)
- Loratadine 24 HR (Claritan)
- Nicorette Gum (tobacco treatment) - Parental permission required

### Consent to Treat with OTC Medications:

Landmark College **has permission** to administer the medications indicated with a mark above to the student named above.

Signature of Parent/Guardian	Printed Name	Date
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### Prohibition to Treat with OTC Medications

Landmark College **does not have my permission** to administer any over-the-counter medications during their three week stay.

Signature of Parent/Guardian	Printed Name	Date
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