NO LIMITS RESIDENTIAL CARE LLC

"WE DON'T TEACH LIMITS HERE — WE TEACH POTENTIAL."

FORM 10 — OVER THE COUNTER (OTC) MEDICATION CONSENT

Client Name: _____
Date of Birth: _____
Record Number: _____

SECTION 1 — PURPOSE OF THIS CONSENT

This consent authorizes No Limits Residential Care LLC to administer approved overthecounter (OTC) medications to the abovenamed child for minor, nonemergency symptoms when appropriate. All OTC use will follow label directions and internal safety protocols.

SECTION 2 — AUTHORIZED OTC MEDICATIONS

I authorize No Limits Residential Care LLC to provide the following OTC medications as needed, per packaging guidelines:

- Pain relievers (e.g., acetaminophen, ibuprofen)
- Allergy medications (e.g., antihistamines)
- Cough and cold remedies
- Antacids and stomach remedies
- Topical creams/ointments (e.g., hydrocortisone, antibiotic ointment)
- Laxatives or stool softeners
- Anti-diarrheal medications
- Electrolyte solutions
- Any similar non prescription treatment appropriate for minor symptoms

SECTION 3 — ADMINISTRATION GUIDELINES

I understand that:

- All doses will follow manufacturer guidelines unless otherwise directed by a provider
- OTC medication will be documented on the Medication Administration Record (MAR)
- Staff administering OTC medications are trained per NC DHHS standards
- OTC medications will not be used to mask symptoms of illness that require medical care

SECTION 4 — LIMITATIONS

This consent does NOT authorize:

- Use of expired medications
- Use of any herbal or alternative remedies without approval
- Use of OTC medications in place of required medical treatment

SECTION 5 — NOTIFICATION
Parents/guardians will be notified if:
• OTC medications are used repeatedly
• Symptoms do not improve
• The child requires medical evaluation

SECTION 6 — CONSENT TIMEFRAME
This consent remains valid for 1 year from the date of signature or until revoked in writing.

SECTION 7 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____