

Over-the-Counter Medication Waiver

Student Name: _____

Student DOB: _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter”. The completion of this form is required before OTC medications can be administered to any Shadow DBC participant under 18 years old. Note: OTC medications will be given at the manufacturer’s recommended dosage.

Please initial the OTC medication that you permit Shadow DBC Staff/Oregon Band Boosters to provide to your child upon their request.

Topical

Name	Use	Initials
Bacitracin	Antibiotic Ointment – treats cuts, scrapes & burns	
Neosporin	Antibiotic Ointment – treats cuts, scrapes & burns	
Polysporin	Antibiotic Ointment – treats cuts, scrapes & burns	
Hydrocortisone Cream	Topical cream used to treat skin conditions such as insect bites, allergies, rash, itching	
Sun Screen	Protection from the sun	
Aloe Vera	Burn Gels	

Oral

Brand Name	Generic Name	Use	Initials
Tylenol	acetaminophen	Aches, Pain, Headaches	
Advil, Nuprin, Motrin	ibuprofen	Aches, Pain, Headaches	
Benadryl	diphenhydramine	Allergies	
Midol Complete	Acetaminophen, caffeine, pyrilamine maleate	Menstrual Cramps, Bloating, Muscle Aches	
Imodium	ioperamide	Anti-Diarrheal	
Dulcolax	bisacodyl	Laxative	
Miralax	polyethylene glycol	Laxative	
Pepto-Bismol	bismuth	Nausea & Vomiting	
Dramamine	dimenhydrinate	Motion Sickness	
Sudafed PE, Neo-Synephrine	phenylephrine	Decongestant	
Mucinex	guaifenesin	Loosening Mucus, Expectorant	
Robitussin, NyQuil	dextromethorphan	Cough Suppressant	
Tums	calcium carbonate	Heartburn	
Cough Drops	menthol	Cough Suppressant	

Parent Notes: _____

Parent Name: _____

Parent Signature: _____

Date: _____