

2023-2024

Permit to Administer/ Dispense Over the Counter (OTC) Medication

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____ Work/Cell Phone: _____

Please list any allergies: _____

OTC (Over the Counter) Medications:

Please read and sign the following for the administration of medications to your child, or initial the Administer no Medication statement.

Administer NO Medication: _____

I, _____, by below signature, hereby hold the Certified Athletic Trainer, Ursuline Academy, and Ochsner Health System harmless in the administration of pre-packages, non-prescription (OTC) medications to the above listed student. I understand that the Certified Athletic Trainers will provide the medication in single dose only. Ochsner Health System, Ursuline Academy, and the Certified Athletic Trainer accept no responsibility for OTC medications that are defective, either by their design or dosage recommendations or that are misused by the athlete. The misuse of medications will result in the athlete's loss of medication privileges.

Parent/Guardian Signature _____ Date _____

I hereby grant by initials permission for the certified athletic trainer to administer the following OTC medications:

Only initial those that you desire administered

* Listed are brand names and their active ingredients- please note, actual medications may be of a generic name.

_____ Advil (Ibuprofen)

_____ Pepto-Bismol (Bismuth subsalicylate)

_____ Tylenol (Acetaminophen)

_____ Electrolyte Tablets

Please Return to Cyd Bertrand (Athletic Trainer)