Dear Families,

Because we will be in the backcountry for our end of year trip, we are sending home a separate authorization form to dispense over-the-counter medications while on this trip. Please review the form and **initial** the over-the-counter medications that you approve for your child in the event that such over-the-counter medication is recommended and or needed for your child. *We will not be supplying or applying any bug spray or sunscreen to students. They will need to provide and apply their own bug spray and sunscreen while on the trip.*

Please circle **YES** or **NO** for each of the three medications listed below:

- **YES**  **NO**  Advil-Junior Strength Chewable Tablets: 2.5 tablets every 6 hours, as needed.
- **YES**  **NO**  Polysporin First Aid Antibiotic Ointment: Applied to abrasion 1 to 3 times daily, as needed.
- **YES**  **NO**  Children’s Benadryl Liquid Allergy Medication: 25mg every 6 hours, as Needed for allergic reaction

I consent to the dispersal of the over-the-counter medications that I circled **YES** in the above list to my child in the event that my child is assessed to be in need of such over-the-counter medications. I understand that these over-the-counter medications will be given out in accordance with the directions and with my child’s best interest in mind.

_______________________________
Parent Name (printed)                                                Student’s Name

_______________________________
Parent Signature                                                       Date