



Non-Prescription Medication

Ailment	Treatment or Related Medications
Headache, General Pain	Acetaminophen (Tylenol), Ibuprofen (Motrin), Aleve
Nasal Congestion	Sudafed, Benadryl, Sinutab
Cuts	Antibiotic Ointment
Coughs	Cough Syrup, Cough Drops
Upset Stomach	Mylanta, Maalox, Pepto-Bismol, Imodium AD, Tums
Skin Rash	Calamine lotion, Benadryl, Baby Powder, Desitin, Hydrocortisone Cream, Gold Bond
Allergic Reaction	Benadryl
Sore Muscles	Myoflex Cream
Sore Throat	Throat Lozenges
Irritated Eyes	Visine, Saline
Sprains/Strains	Ice, Ace Wrap
Bee Stings	Benadryl, Benadryl Cream
Biting Bugs	Bug Repellant
Sun Exposure	Sunscreen

These are “over the counter” products that are generally used by the band nurse or school staff.

If there are any specific medications that you do not want to be used, or for which your child is allergic, please list below.

I hereby give permission for the band nurse or school personnel to use the above treatments on my son/daughter _____ (child’s name)

_____ Date

_____ Signature of Parent or Guardian