

## Over the Counter Medicine Form

This form includes a list of over the counter medicine that the Marching Spartans' Directors and/or Medic have on hand at Band Camp and throughout the season. If the need were to occur for your child to need any of the following, please check the items you wish for them to receive.

Member's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the following over the counter medications we may administer to your child if the need were to occur.

Advil \_\_\_\_\_

Tylenol \_\_\_\_\_

Aspirin \_\_\_\_\_

Pepto-Bismol \_\_\_\_\_

Benadryl \_\_\_\_\_

Tums \_\_\_\_\_

Neosporin \_\_\_\_\_

Caladryl \_\_\_\_\_

Sun Block \_\_\_\_\_

Sun Burn Ointment (Aloe, Solarcaine, etc.) \_\_\_\_\_

Other \_\_\_\_\_

If not listed, please list and send with your child