



LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ DATE \_\_\_\_\_

## CONSENT TO TREAT A MINOR AND GIVE OVER THE COUNTER MEDICATIONS

Being the parent or legal guardian of \_\_\_\_\_ (*minor's printed name*), I, \_\_\_\_\_, (*parent or guardian's printed name*) do consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church will be used as secondary coverage.

Activity leaders must have your signed consent in order to administer these over-the-counter medications. Generic equivalent medications may be used in place of more expensive brand-name items. The activity leader will administer the approved medications as deemed necessary using his/her judgment.

Over-the-counter medications will be administered sparingly when indicated to make your child more comfortable and able to remain at the activity. For example, the medication may be used for dental pain, mild headaches, orthopedic pain related to recent injury, or in the case of diphenhydramine for symptoms of an acute allergic reaction. You may still need to be contacted for further care of your child. Also, if your child has a fever (100.0 F or higher), based on CDC guidelines, you may be called to collect your child from the activity and not return until fever-free for 24 hours.

- Anti-itching lotion (like calamine)
- Acetaminophen (generic for Tylenol®) 325mg tablets or 160mg chewable
- Chewable Antacid (generic for Tums for kids®) 750mg tablets
- Diphenhydramine (generic for Benadryl®) 12.5mg chewable tablets
- Ibuprofen (generic for Advil®) 200mg tablets
- I do not want any medication given to my child at an activity

Signature of parent or legal guardian \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date)

\_\_\_\_\_  
My Appointment Expires

\_\_\_\_\_  
Signature of Notary Public