

**Over-The-Counter Medication and First Aid
Parent Permission Form**

The following is a list of over-the-counter medications that may be available to your athlete to be given by the attending school official (Coach/Athletic Trainer). Generic medication may be substituted and used for the same effects.

- **Please read the following section closely and do as it says.****
- Do NOT provide any medication to my child.**
 - ALL – May give any of the medications listed below.**

Check the boxes next to the medication you DO NOT wish Idalou ISD staff to provide your child.

- Pain: Acetaminophen (ex. Tylenol)
- Pain/Inflammation: Ibuprofen (ex. Advil, Motrin)
- Heat Relief: Electrolyte tablets
- Diarrhea: Loperamide (ex. Imodium A-D)
- Antacid/Antigas: Aluminum Hydroxide, Magnesium Hydroxide, Simethicone (ex. Maalox Plus)
- Nausea: Phosphorylated glucose/levulose (ex. Emetrol)
- Cough: Robitussin lozenge
- Sore throat: Chloraseptic spray; Cepacol lozenge
- Congestion: Pseudoephedrine HCl (ex. Sudafed)
- Flu/Cold: Acetaminophen, Phenylephrine, Guaifenesin, Caffeine (ex. Emagrin Forte)
- Allergy: Loratadine (ex. Claritin)

If you have any questions regarding any of the above products, please call your Athletic Trainer. All products are over-the-counter and used as directed. Please verify that you have read, understand and agree to this policy as it is stated above by signing and dating this form.

****Your signature is required for your athlete's request to be fulfilled****

Athlete's Signature Date

Parent's Signature Date

ATHLETE'S NAME

Sports Information *****

- Junior High Athlete Grade: 7 8
- High School Athlete Grade: 9 10 11 12

Sport (Circle All That Apply):

- Football
- Cross Country
- Volleyball
- Basketball
- Power Lifting
- Golf
- Baseball
- Softball
- Track/Field
- Tennis

Background Information *****

Athlete's Name _____ Age _____ Sex: M F
 Social Security # _____ Birth Date _____
 Home Address _____ City _____ State _____
 Home Phone # _____

Father's (Guardian's) Name _____
 Work Phone # _____ Home Phone# _____
 Cell Phone# _____

Mother's (Guardian's) Name _____
 Work Phone # _____ Home Phone# _____
 Cell Phone# _____

Emergency Information *****

Person to call in case of emergency if parents cannot be reached:
 Name _____ Relation _____
 Work Phone # _____ Home Phone# _____
 Cell Phone# _____

Allergies to medicine or other _____
 Any medicine taken regularly _____
 Any medical concerns that should be noted _____

Family Physician _____
 Phone # _____

Insurance Information *****

Insured Name _____ Group# _____
 Insurance Company _____ Policy# _____
 Insurance Address _____
 Phone# _____

If in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school or hospital representative from any claim by any person on account of such care and treatment of said student.

Parent/Guardian Signature Date