



# National Youth Leadership Training

## 2025 Conference

### GENERIC MEDICATION APPROVAL FORM

The following over the counter medicines will be available at NYLT (week of June 8 - 14, 2025 ) for minor issue treatment. Please review the list.

**Line Out / Cross Out any medications below that should NOT be given to your child.**

Symptom	OTC Medication
Headache	Advil                      Midol                      Tylenol
Allergies	Benadryl Allergy      Claritin Allergy
Indigestion, Nausea, Cramps, Heartburn	Tums
Pain Reliever, Cough Suppressant, Nasal Decongestant	Theraflu – Daytime                      Theraflu - Nighttime
Diarrhea	Amodium

Any of the above will be administered as directed on the bottle.

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Our medical staff will not call you before administering above medications, unless unusual situations occur or **you request us to call before using:** \_\_\_\_\_

The staff will record the use of any medications for your youth that are given during the week on the medicine log specifically for your youth.

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I, [ parent / guardian ] have reviewed the list of over the counter medications listed above. I have drawn a line thru medications that are NOT acceptable for treating my youth.

**I authorize the medical staff to use the medications as listed above for treatment as indicated above.**

Youth Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_