

Last Name (please print): \_\_\_\_\_

**KELLOGGSVILLE MARCHING BAND  
OVER-THE-COUNTER MEDICATION PERMISSION**

Parents/Guardians: Please indicate below which over-the-counter medications and preparations may be dispensed to your child on an as needed basis while he/she attends the Kelloggsville Rocket Marching Band Camp.

Students Full Name (please print): \_\_\_\_\_

Medication/Preparation

Please Initial here for each medication/  
Preparation we may administer.

Acetaminophen (Tylenol)

\_\_\_\_\_

Ibuprofen (Motrin)

\_\_\_\_\_

Calamine/Caladryl Lotion

\_\_\_\_\_

Hydrocortisone Ointment

\_\_\_\_\_

Skin Cleansing Agent

\_\_\_\_\_

Topical (skin) Antibiotic

\_\_\_\_\_

Cough/cold/allergy medication

\_\_\_\_\_

Cough drops/throat lozenges

\_\_\_\_\_

Benadryl

\_\_\_\_\_

Ice and warm packs

\_\_\_\_\_

Sunburn preparation/Aloe lotion

\_\_\_\_\_

Indigestion/diarrhea medication

\_\_\_\_\_

Earache medication

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_