Over-The-Counter Medications Form

Our policy is not to use medications unless necessary. There are, however, situations that require the use of non-prescription medications. The following medications will be available if the need arises. Please, review the list and check the medications that you would like available to your son or daughter and sign the permission form below.

- Acetaminophen/Tylenol (headache, fever, pain relief)
- Ibuprofen/Motrin/Advil (pain relief, menstrual cramps, fever)
- Bismuth/Pepto Bismal (indigestion, nausea, heartburn, diarrhea)
- Medi-Phenyl/Phenylephrine (non-sudafed nasal decongestant)
- 1% Hydorcortisone Cream/Cortaid (itching, rash, skin irritations)
- Triple Antibiotic Ointment (first aid antibacterial)
- Benadryl/Diphen (allergic reaction)

Landmark College High School Program at Southern Oregon University has permission to administer the medications indicated above to ___________________________ if necessary.

Parent/Guardian Signature: ___________________________ Date: ___________________________

I do not want my son/daughter ___________________________ to be given any over-the-counter medications during their three week stay.

Parent/Guardian Signature: ___________________________ Date: ___________________________