

Name: _____

There may be times when your child suffers from mild symptoms that can be treated with simple over-the-counter medications that we have available in our first aid kit.

If you give permission for your child to receive the following medications, check the yes column.

If that column is not checked, then permission is not given.

- Yes: _____ Acetaminophen (Tylenol)
- Yes: _____ Ibuprofen (Motrin)
- Yes: _____ Antihistamine (Benadryl)
- Yes: _____ Pseudoephedrine with guaifenesin for colds
- Yes: _____ Combined Sudafed & antihistamine (Actifed)
- Yes: _____
- Yes: _____ Emetrol for nausea
- Yes: _____ Mylanta or Pepcid AC
- Yes: _____ Pink bismuth (Pepto Bismol)
- Yes: _____ Topical antibiotic ointment
- Yes: _____ Calamine Lotion
- Yes _____ Nasal Spray (oxymetazone) for nose bleed
- Yes _____ Anti itch Cream (hydrocortisone with pramoxin antiseptic)
- Yes: _____ Epi-Pen, epinephrine kit for anaphylactic reactions: only in severe emergencies, and followed by mandatory evaluation in Emergency Dept.

Time and Date Given
(For use by retreat FAP)

Information on Tetanus Shots

Date last shot: Don't know _____ Less than 5 years _____ 5 -10 years: _____ Over 10 years _____

Is your child is allergic to tetanus: _____ yes _____ no _____

If there is an accident for which a tetanus shot is recommended, may we authorize it? Yes _____

Does your child have asthma? Yes _____ No _____ If yes, please answer the following questions:

Does your child use a daily medication? If yes, please list the medication(s) and the dosage(s):

How often does he/she experience an asthma attack? _____

Has your child ever been hospitalized because of asthma? _____

Is your child able to recognize and treat the onset of an attack? _____

Can your child recognize when the attack is severe and requires the attention of medical professionals?

How should we respond to a breathing problem with your child?
