

PERMISSION FOR PROVISION OF MINOR CADET OVER-THE-COUNTER MEDICATION

This form may not be usable in some states due to statutes concerning who can administer medications and administration conditions. Wings with such restrictions will publish appropriate additional guidance in a supplement to CAPR 160-1.

Name (<i>Last, First, Middle</i>)	Grade	CAPID	Charter Number
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Over-The Counter/Non-Prescription Medications

The following over-the counter medications may be administered according to package directions by CAP senior members. Cross out any medications not approved.

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| Acetaminophen (Tylenol) for fever or pain | Visine eye drops for dry, irritated eye relief |
| Ibuprofen (Advil, Motrin) for fever or pain | Op-Con A eye drops for allergic conjunctivitis |
| Bacitracin or Neosporin antibiotic ointment to prevent infection | Benadryl liquid/tabs for allergic reactions |
| Hydrocortisone anti-inflammatory rash cream | Claritin antihistamine for seasonal allergies |
| Calamine/Caladryl for poison ivy itch relief | Robitussin products for relief of cough and cold symptoms |
| Antifungal creams and sprays for treatment of fungal rashes | Delsym to suppress cough |
| | Tums or Maalox for relief of stomach upset |

Allergies

My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):

Consent For Minor Cadet To Receive Over-The-Counter Medications

My signature below evidences my consent for CAP senior members to provide over-the-counter non-prescription medications (such as those listed above) to my child/ward if indicated in the reasonable judgment of such senior members. I understand that I will be informed if any such medications are administered.

Date	Signature of Parent/Guardian
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