

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

**Optional Medication Permission Form**

On occasion, youth may have minor ailments that call for medication. (headache, upset tummy, allergies, etc.)

We are not permitted to dispense medications without your permission, and given the length of the trip, we thought it better to ask up front.

Please note any common solutions in your household, and sign at the bottom.

For a headache, we dispense \_\_\_\_\_ x \_\_\_\_\_ mg dose.

For an upset stomach, we use \_\_\_\_\_

For a mild allergic reaction, we give \_\_\_\_\_

For travel sickness, we use \_\_\_\_\_

For cough/cold symptoms, we use \_\_\_\_\_

I hereby grant permission for common-sense dispensation of the above medications, if needed, by the volunteer leaders of 1<sup>st</sup> Binbrook.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_