



## OTC Medication Authorization

My child \_\_\_\_\_ has my permission to take the following over the counter (OTC) medications for minor issues such as stomach upset, menstrual cramps or headache while on 2013 mission trips with Keller UMC. Medications will only be given according to labeled dosing instructions on the medication given.

Those checked will only be given if this consent is signed and only after evaluation by the adult leadership. A text alerting the child's parent will be sent if the request box is checked.

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Ibuprofen (Motrin/Advil)

\_\_\_\_\_ Bismuth subsalicylate (Pepto Bismol)

\*No other medications will be given without a completed Medication Form on file.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

☐ Please notify me by text if any of these medications are administered to my child.

Cell number \_\_\_\_\_.