FORM B2

AUTHORIZATION FOR DISPENSATION OF OVER-THE-COUNTER MEDICATION

Program Name ________________
Date(s) ________________
Location(s) ________________

Parent/Guardian Name ________________
Telephone ________________

Participant Name ________________
Address ________________
City ________________
State/Zip Code ________________
Date of Birth ________________
Gender ________________

Over-the-counter medication ("OTC medication") may at times need to be dispensed to a participant in the above-described program if approved by the participant's parent or legal guardian. Please complete this form to save time if you choose to authorize Program staff to offer OTC mediation to the participant described above ("Participant") during the Program. **NOTE: The University of Tennessee will not dispense any OTC medication without the written authorization of a participant's parent or legal guardian.**

I authorize Program staff to offer the following medications to Participant if the need arises, in the sole judgment of the staff of the Program, as directed on the manufacturer's container (check the blanks below for each OTC medication(s) you authorize):

	Ointments for minor wound care, first aid as directed (e.g., antiseptic, anti-itch, anti-sting, antibiotic, sunburn)	
	Tylenol/ Acetaminophen	
	Ibuprofen	
	Throat lozenges and/or spray for a sore throat	
	Micatin or other anti-fungus treatment for athlete's foot	
	Kaopectate or Imodium for diarrhea	
	Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea	
	Rolaids or Tums for acid reflux, heartburn, or indigeston	
	Benadryl for swelling, hives, or allergic reaction	
	Actifed or Sudafed for nasal congestion or allergy relief	
	Visine or other eye drops for minor eye irritation	
	Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores	
	Swimmer's ear drops	
	Hydrocortisone ointment for mild skin irritations, poison ivy, or insect bites	
	Medicated powder for skin irritation	
	Robitussin or other cough syrup	
	Calamine lotion for bug bites and poison ivy	
	Sunscreen	
	Insect repellant	
	Other (list any other approved OTC medications):	

Program staff reserves the right to use generic equivalents when available for the name brand OTC medications identified above.

If Participant is allergic to any type of OTC medication, please identify the OTC medication(s):

Program staff will contact Participant's emergency contact if Participant has any condition associated with fever.

I hereby authorize the dispensation of OTC medications to Participant as indicated above. I understand that such dispensation will not be done under the supervision of medical personnel. I understand that the OTC medications indicated above are not necessarily kept on hand and may not be available to be dispensed immediately.

Signature of Participant's Parent or Legal Guardian ________________

Printed Name of Participant's Parent or Legal Guardian ________________

Date ________________