

**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.

<b>Name</b> ( <i>Last, First, Middle</i> )	<b>Grade</b>	<b>CAPID</b>	<b>Charter Number</b>
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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.

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.

<b>Date</b>	<b>Signature of Parent/Guardian</b>
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