

PARENT/GUARDIAN FORM 9

Cadet Name Last, First, MI

SUBJECT: OVER-THE-COUNTER MEDICATIONS AUTHORIZATION

1. The following is a list of “over-the-counter” medications that are on hand in the Infirmary and may be issued/used to treat cadets. Cross out/mark through those items which you do not approve to be used to treat your cadet. The infirmary may also use generic brands of these medicines. This form may not be modified.

Eye Care

Sterile eye drops
Visine

Antiseptics

Peroxide
Alcohol
Betadine

Pain Relief

Tylenol (reg. & x-strength)
Ibuprofen
Midol
Aleve

Bowel

Tums
Imodium
Ex-lax
Stool Softener
Medizine (Antiemetic)

Sinus Relief

Sudafed
Benadryl

Skin Care

Athletes Foot Cream
Benadryl Cream
1% Hydrocortisone Cream
Bacitrocin
Caladryl Lotion
Necessary bandages
Epson Salts
Burn gel

Mouth Sores

Anbesol
Choloraseptic Spray
Oratex
Zilactin

Muscular

Slings
Pain Relieving muscle rub
Ace wraps

Chest Congestion

Robitussin
CCP
Vicks Vapor Rub
Dayquil
Nyquil
Mucinex

2. I give my permission to the Infirmary staff of Massanutten Military Academy to administer the “over-the-counter” medications which are shown above and NOT crossed out to the above named cadet. This agreement and authorization remains in effect for the entire period that the above named cadet is enrolled at MMA.

Signature of parent/legal guardian

Date

--BLANK--