



Parent/Guardian Consent for Over the Counter (OTC)

Medication Administration

Date: _____ Name of Performers: _____

Age: _____ Height: _____ Weight: _____

Allergies to Medications: _____

This consent form provides the designated board member or parent volunteer permission to administer OTC medication (listed below) to my child/children. Medications will only be administered in times of emergency or when your child presents with symptoms needing specific OTC medications.

OTC Medications

Triple Antibiotic Ointment

Acetaminophen (Tylenol)

Ibuprofen (Motrin or Advil)

Antacid (TUMS)

Cough Drops

Cough/Cold/Flu Medications

Antihistamine (Benadryl)

CONSENT

I have listed all known allergies above and verify that the information is valid and up to date. I understand there are certain risks associated with all OTC medications. A performer with an unknown allergy may have an allergic reaction to any medication they are administered.

I release Wenatchee Youth Circus from any liability related to untoward reaction when the medication is administered in accordance with the package directions.

I have read and understand the above statements and give permission to have the designated board member or parent volunteer administer OTC medications to the above listed performer.

Signature of Parent/Guardian: _____

Relationship to Child: _____ Date: _____