

### Informed Consent for Non-Prescription Medication Treatment

I give my permission for \_\_\_\_\_ to receive the following non-prescription (over-the-counter) medications as treatment.

*Please indicate which non-prescription medications (otc) may be given:*

**Check if ALL the non-prescription medications listed below may be given.**

- Antacid tablets or liquid (for indigestion)
- Coca cola syrup (for nausea)
- Tylenol tablets or syrup (for fever, headache)
- Imodium D (for diarrhea)
- Chloroseptic Throat Spray (for sore throat)
- Cough Lozenges
- Robitussin Pediatric Elixir – Alcohol Free (for coughs)
- Vaseline (for chapped lips, skin)
- Ibuprofen/Advil/Motrin (unless contraindicated by Lithium medication)
- Benadryl (for bee stings, allergies, etc.)
- Murine Eye Drops (for eye irritation)
- Antibiotic lotion (for scrapes, cuts, etc.)
- Calamine lotion (for insect bites, sun or heat rash)
- Orajel/Anbesol (for toothache pain)
- Sudafed (for nasal congestion, allergies)
- Lotrimin (for athlete's foot, fungal infection such as ringworm)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of child (if 14 or older)

\_\_\_\_\_  
Date