*****Over the Counter (OTC) Medication for Minor Medical Conditions/Symptoms. Examples: Minor cough, cold, headache – (Non prescription Tylenol, Ibuprofen, aspirin, cough drops, eye drops, etc.). *****

Lee County Parks & Recreation
"Non Prescription - Over the Counter"
Medication Dispersal Release

This form is to be completed whenever a child is to receive a non prescribed/non emergency "over the counter" medication during a Lee County Parks & Recreation Program. Examples: Non-Prescription Tylenol, aspirin, Ibuprofen, cough drops, eye drops, antihistamine, etc.

Parent/guardian: Please complete and sign this form to grant permission for Lee County Parks & Recreation (LCPR) staff to disperse over the counter medication. LCPR staff will follow the instructions on the label of the original manufacturer's container. Please return completed form to LCPR staff. This Form is valid for two months. If medication is to continue beyond that time you will need to complete an additional form.

Child's Name:_____ Date of Birth:_____

Medical Condition(s) of concern: _____

When to use the medication (symptoms to watch for): _____

Medication(s): _____

Dosage: Per manufacturer label instruction

Possible Side Effects: _____

Route of Medication(s) (ex.: oral, eye, ear): _____

Temporary program adaptations: _____

When to call parent physician regarding symptoms or failure to respond to treatment: _____

_____

When to consider that condition requires urgent care: _____

All known allergies/reactions: _____

I hereby give permission for LCPR staff to administer this medication to my child, _____ (name), according to the directions printed on the original manufacturer's container. I understand 911 will be called in emergency/life saving situations.

_____ _____ _____
Parent/Guardian Signature Date Contact Phone #

_____
Print Name

- All over the counter medications (including ear/eye drops) should be given to the Parks and Recreation staff in the **original container** with the participant's name, directions for dispersal on the label, and the expiration date clearly visible.
- Send only ONE day's supply of oral medication. All medication is disbursed through the Department of Children and Families (DCF) guidelines.
- Staff will only disperse the dosage listed on the label.