

# DUMAS HIGH SCHOOL SPORTS MEDICINE OVER THE COUNTER MEDICATION PARENT PERMISSION FORM

The following is a list of over the counter medications available to your son/daughter (athlete upon request) during practice/competition to be given by the attending school official (athletic trainer/coach). The products on the list are used when warranted. Generic and brand names can be substituted.

**YOUR SIGNATURE IS REQUIRED FOR YOU ATHLETE'S REQUEST TO BE FULFILLED.**

PRODUCT	DESCRIPTION OF USE
Advil, Aleve, Motrin, Ibuprofen, Tylenol	Headache, pain or swelling
Sudafed	Non-drowsy decongestant/antihistamine
Chloraseptic	Throat spray or lozenges for sore throat
Robitussin	Used to suppress cough
Tums/ Maalox/ Roloids	Used as an antacid
Pepto/ Immodium A-D	Nausea, cramping, and/or diarrhea
Fosfree	Supplement with calcium and iron. Used to prevent and relieve muscle cramps
Benadryl Cream/ Tablets	antihistamine for itching or rash
Advil Cold and Sinus	Relief of runny nose and headache
Emetrol	Nausea

**If you have any question regarding any of the products please call Summer Roark at the Athletic Office at 935-2523.**

I, (Parent/ Guardian) \_\_\_\_\_ request that my son/ daughter (athlete)  
please print

\_\_\_\_\_ *may / may not* be administered any of the listed medications  
please print circle one

when deemed necessary by the attending school official.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_