

Envision the Future

A STEM PROGRAM FOR GIRLS AGES 11 - 13

A Southeastern Massachusetts STEM Network Initiative in Collaboration with CONNECT



PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times need to be administered if approval is indicated by the child's parent or legal guardian. Unless we have parent or guardian authorization, no OTC medications will be administered. We reserve the right to use generic equivalents when available for the name brand OTC medications listed below.

Please check only those that we may provide to the child.

- _____ Sunscreen
- _____ Insect Repellant
- _____ Tylenol/Acetaminophen as directed
- _____ Motrin/Ibuprofen as directed
- _____ Benadryl
- _____ Anti-Nausea Medication
- _____ Hydrogen Peroxide to clean cuts or scrapes
- _____ Antibiotic Ointment

I hereby authorize administration of the checked medications to

_____ (child's name) as indicated above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition that is associated with fever, significant inflammation and/or does not respond to the above treatment will be followed-up with a consultation with the student's parent/guardian.

I release, and shall indemnify and hold harmless The Commonwealth of Massachusetts, the Board of Higher Education, Bridgewater State University and their trustees, officers, employees, and agents from any claims that may arise relating to my child/ward being administered the above indicated over-the-counter medications.

Parent/Guardian (Print)

Name _____

Parent/Guardian

Signature _____ Date _____