BAY RIVER RUMBLE
Over-the-Counter Medicine Release

Players Name _____ Birth Date _____Age_____
First Last Month – Day – Year

Food/Drug Allergies: NONE KNOWN OR YES, as noted here_____
Medical Problems: NONE KNOWN OR YES, as noted here _____
Current Medications: _____
_____
_____

Over-the -Counter Medicine Release

I _____ give permission for my child _____to have the following
(Parents name) (Childs name)
Over-the counter medications or their generic equivalent, as needed during softball practice/softball tournaments.
Initial those you approve.

For headaches/pain
Tylenol (Acetaminophen)_____
Advil (Ibuprofen)_____
Aleve (Naproxen Sodium)_____
Other (specify)_____

For allergic reaction (hayfever, insect sting, etc)
Benadryl (Diphenhydramine HCl)_____
Sudafed (Pseudoephedrine HCl)_____
Hydrocortisone cream_____
Calamine lotion_____
Other (specify)_____

For sore throat/cough
Cough drops/lozenges_____
Chloraseptic spray_____
Others (specify)_____

For upset stomach, diarrhea, ect
Pepto-Bismol (Bismuth liquid or tablets)_____
Mylanta/Milk of Magnesia (Mg/Al based antacids)_____
Tums/Rolaids (Calcium based antacids)_____
Imodium (Loperamide)_____
Other (specify)_____

We may also dispense routine first aid items such as non-prescription antibiotic creams, lotions, antiseptics, artificial tears, and so on.
Please indicate on the back of this form if there are any your child may NOT have.

**** It is the Parent/Guardian's responsibility to make sure this form is kept updated and accurate at all times****

Parent/Guardian Signature and Date_____
Print name of Parent/Guardian_____