

## NON-PRESCRIPTION MEDICATION

AILMENT	TREATMENT
<b>Seasonal Allergies</b>	<b>Claritin</b>
Allergic reaction	Benadryl
Bee stings	Benadryl, Hydrocortisone or Benadryl cream
Cuts	Antibiotic ointment
Coughs	Cough Syrup, Cough Drops
Diarrhea	Imodium
Headache, General Pain	Acetaminophen (Tylenol), Ibuprofen (Motrin)(Advil)
Irritated eyes	Visine, Saline
Nasal congestion	Sudafed, Benadryl, Sinutab, Claritin
Skin rash	Calamine lotion, Benadryl, Baby Powder, Desitin Hydrocortisone cream
Sore muscles	Myoflex cream
Sore throat	Throat lozenges
Sprains/strains	Ice, Ace wrap
Upset stomach	Mylanta, Maalox, Tums, Rolaids

These are “over the counter” products that are generally used by the band nurse or school staff.

If there are any specific medications that you do not want to be used, or for which your child is allergic, please list below AND on the Emergency Medical Form.

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I hereby give permission for the band nurse or school personnel to use the above treatments on my son/daughter \_\_\_\_\_(name)

\_\_\_\_\_  
Date

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Signature of Parent or Guardian