

The Girls' Choir of Wilmington
Parental Permission for Application of First Aid

Parents:

The following items are carried in our first aid kit. Please indicate your permission for use by writing your initials beside the appropriate products that may be used without harm to your child. **You must understand that without your initials and signature, items will not be used/applied during first aid treatment.** If you give your permission for Tylenol, Ibuprofen, Dramamine, Sudafed or Benadryl **you must document the appropriate dosage** you want given to your child depending on age and weight.

_____ Antibiotic Ointment	
_____ Hydrocortisone Ointment	
_____ Tums/Mylanta /Maalox	
_____ Tylenol-Children's or Junior or Adult	dosage: _____
_____ Ibuprofen-Children's or Junior or Adult	dosage: _____
_____ Dramamine	dosage: _____
_____ Benadryl - Liquid or Capsules	dosage: _____

List below any medical conditions or special needs your child has: _____

Allergies and reactions: _____

Medications and dosage: _____

Is your child prone to motion sickness and how is it treated? _____

Does your child have frequent headaches? _____

*You must complete and sign this form even if you plan to be present with the choir or a chaperone.

*This form will be used throughout the year (to include any and all practices, trips and/or social functions) and it is the parent's responsibility to notify us of any changes.

I grant permission for the above initialed items to be used for my child, _____, if needed.

Date: _____ Signed: _____
Phone: _____