

***Diocesan Youth Conference Non Prescription Medication Form***

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby grant permission for the following non-prescription medications to be given, if deemed appropriate:

\_\_\_\_\_ Ibuprofen(Motrin)                      \_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Benadryl                                      \_\_\_\_\_ Aspirin

Drug Allergies: \_\_\_\_\_

Other Allergies (food, plant, insects, etc.): \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian