

**Permission to Administer Misc. OTC Medication**

Client Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

I, \_\_\_\_\_, the parent, guardian, or other person having lawful care and/or charge of the above-mentioned client, hereby authorize a licensed health professional or other designated personnel employed or appointed by the Board of Soul Center, each of the medication(s) and/or product(s) checked below:

- Antibiotic ointment
- First aid antiseptic
- Sun Screen
- Cough Drop
- Band-Aid style bandage

**Parental Authorization:** This health information is correct to the best of my knowledge and the student herein described has permission to engage in all band activities, unless otherwise noted above by me. I give permission to the physician or hospital selected by the staff or medical representatives of the clinic to hospitalize, medically evaluate and treat, order medication, injections, anesthesia or surgery for my child as named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I do not give my permission to administer any of the afore mentioned products.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_