Parent Approval Form

General Medical Release – Required form for Minors

Applicant Name: ____

The medications listed below are over-the-counter (OTC) medications that may be carried by the Force Staff.

Please check the boxes to confirm that they may be given as indicated:

1. Triple Antibiotic Ointment as needed for minor wounds ☐Yes ☐No
2. Hydrocortisone Cream as needed for skin irritation ☐Yes ☐No
3. Ibuprofen 200 mg 1 or 3 tablets every 6 hours as needed for pain or fever ☐Yes ☐No
4. Icy/Hot (muscle rub) – Menthol 2.5% as needed for muscle aches ☐Yes ☐No
5. Antacid Tablets 1 or 2 tablets every 4 hours as needed for leg cramps, heartburn, indigestion ☐Yes ☐No
6. Benadryl 1 or 2 tablets as needed for allergic reaction ☐Yes ☐No
7. Allergy Topical Ointment as needed for insect bites ☐Yes ☐No

List any allergies: ____

List any medical conditions and explain: ____

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I give my consent to the administration of over-the-counter (OTC) medication to my minor child as indicated above. I also give my consent for Force High School Athletics, Inc. (FHSA) board members, coaches and athletic trainers, if I am not present during any FHSA sponsored event, to make the necessary decisions for my child's medical care, to include calling 911 and/or any other treatment deemed necessary to care for my child.

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Parent/Guardian Signature Date Signed

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Printed Name