

Primary Care Physician

Name of child's physician _____

Contact Phone Number _____

Tylenol/Motrin Permission Form

If my child spikes a temperature during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Tylenol/Motrin to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date

Benedryl Permission Form

If my child has an allergic reaction during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Benedryl to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date