



I, \_\_\_\_\_ the undersigned parent or guardian of, \_\_\_\_\_

hereby grant the Sports Medicine staff of West Forsyth High School to administer the following medications to the minor under my care.

Please check all that we may administer below.

- Ibuprofen (Advil, Motrin)**  
Temporarily reduces fever and relieves minor aches and pains
- Acetaminophen (Tylenol)**  
Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever.
- Benadryl**  
Used for the relief of symptoms related to hay fever, upper respiratory allergies, or cold symptoms
- Gatorlytes (Electrolytes)**  
Designed for athletes with high electrolyte losses, salty sweaters and cramp-prone athletes
- Pepto Bismol**  
Used to relieve occasional heartburn, indigestion, diarrhea or feeling sick (nausea)
- Tums**  
Treats heartburn, indigestion and an upset stomach caused by too much stomach acid
- Anti-Fungal Cream**  
Used to treat mild and common fungal skin infections like ringworm, jock itch, and athlete's foot

Please list any medications that your child is currently taking and reasoning for taking below:

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Today's Date