



Saint Thomas Aquinas Regional Catholic High School  
14520 Voss Drive • Hammond, LA 70401  
985-542-7662 • www.stafalcons.org

**PARENTAL CONSENT FOR TREATMENT BY ATHLETIC TRAINER / COACHES**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**OTC (Over the Counter) Medication**

**I give the North Oaks Sports Medicine and their Trainers permission to dispense the following medication and to treat the following issues:**

- \_\_\_\_\_ **Tylenol (acetaminophen) for headaches, cramps, and minor aches.**
- \_\_\_\_\_ **Motrin / Advil (ibuprofen) for headaches, cramps, and minor aches.**
- \_\_\_\_\_ **Pepto Tabs / DiGel (antacids) for stomach upset / indigestion.**
- \_\_\_\_\_ **Betadine / Iodine (antiseptic) to cleanse minor wounds.**
- \_\_\_\_\_ **Antibiotic Ointment to help prevent infection in minor wounds.**
- \_\_\_\_\_ **1% Cortisone cream for minor burns and itches.**
- \_\_\_\_\_ **Bee Sting Swabs for bee stings.**
- \_\_\_\_\_ **Throat Lozenges.**
- \_\_\_\_\_ **Benadryl for allergies, hives, etc.**

If your child is allergic to any of the above OTC medications, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Parent Name (PRINT) \_\_\_\_\_

Parent Signature \_\_\_\_\_