

**YOUTH FOR TOMORROW**  
**OVER-THE-COUNTER CONSENT FORM**  
**THIRTEEN TO EIGHTEEN YEARS OF AGE**

RESIDENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ **\*\*\*PLEASE CHECK ALL MEDICATIONS WHICH ARE AUTHORIZED TO BE GIVEN\*\***

PRODUCT	BRAND	USE
ACETAMINOPHEN TABS	TYLENOL/EQUATE	TAKE TWO TABS (650 MG) EVERY FOUR HOURS AS NEEDED FOR PAIN OR FEVER. NOT TO EXCEED 6 DOSES WITHIN 24 HOURS.
ALOE VERA EXTRACT		FOR RELIEF OF MINOR SUNBURN SYMPTOMS. APPLY SPARINGLY AS NEEDED TO AFFECTED BODY PART. TWICE A DAY.
ANTACID CHEWABLE	TUMS/EQUATE/ROLAIDS	2 TABS BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEARTBURN AND INDIGESTION, NOT TO EXCEED 3 DOSES IN 24 HOURS
ANTIFUNGAL FOOT POWDER		APPLY 2 X DAY TO CLEAN, DRY FEET/FUNGUAL INFECTION AS NEEDED. STOP AFTER 30 DAYS.
BENOCAINE 10-28% LIQUID GEL	ORAGEL/AMBESOL	APPLY WITH SWAB TO AREA IN MOUTH. USE ONLY FOR 7 DAYS. DO NOT USE IF ALLERGIC TO LOCAL ANESTHETICS
BENZOYL PEROXIDE CREAM 5-10%		FOR TREATMENT OF ACNE. APPLY TO AFFECTED AREA ON CLEAN DRY FACE 2 X A DAY FOR 30 DAYS, THEN REASSESS. KEEP AWAY FROM EYE.
BURN SPRAY	MED-FIRST, DERMOPLAST	RELIEVES THE PAIN OF MINOR BURNS, SUNBURN, SCALDS, AND ABRASIONS <b>TOPICALLY AS NEEDED 2X DAY</b>
CALAMINE/CALADRYL LOTION	EQUATE/IBUPROFEN	<b>APPLY TOPICALLY</b> TO DRY, OOZING POISON IVY, OAK, OR SUMAC 3 TIMES A DAY AS NEEDED. NOT TO BE USED MORE THAN 7 DAYS.
CLOTRIMAZOLE CREAM 1%	WALMART/TARGET	APPLY CREAM <b>TOPICALLY</b> TO AFFECTED AREA 2 X A DAY FOR FUNGUS AND/OR RASHES AS NEEDED.
DIPHENHYDRAMINE CREAM	BENADRYL	APPLY <b>TOPICALLY</b> TO SKIN IRRITATIONS, HIVES, OR RASHES. TOPICALLY 3 TIMES A DAY AS NEEDED.
DIPHENHYDRAMINE TABS	BENADRYL/UNISOM	TAKE 1 TAB (25 MG) FOR THE RELIEF OF RUNNY NOSE, ITCHY EYES/SKIN, OR OTHER ALLERGY SYMPTOMS. ONE TAB EVERY 6 HOURS AS NEEDED.
EARWAX REMOVAL DROPS	DEBROX	PLACE 5-10 DROPS IN EACH EAR 2 X DAY FOR 5 DAYS AS NEEDED FOR WAX BUILD-UP
EYE DROPS	MURINE/VISINE/DRY ARTIFICIAL TEARS	1-2 DROPS TO EACH EYE AS NEEDED FOR TEMPORARY RELIEF OF DRY/RED/IRRITATED EYES UP TO 4X A DAY FOR 7 DAYS THEN REASSESS
GUAIFENESIN 100MG/10MG	TUSSIN/ROBITUSSIN/EQUATE, SAMS/TARGET	FOR THE RELIEF OF NON-CHRONIC COUGH/THROAT IRRITATION. 2 TEASPOONS (10 CC) BY MOUTH EVERY 4 HOURS AS NEEDED. NOT TO EXCEED 12 TEASPOONS IN 24 HOURS
GUMMY VITAMINS	EQUATE/TARGET	TAKE 2 GUMMIES ONCE A DAY
HYDROCORTISONE CREAM 0.5% AND 1%	TARGET/EQUATE	FOR ITCHING ASSOCIATED WITH INSECT BITES, SURFACE ABRASIONS, POISON IVY, ECT. APPLY 2-3 TIMES DAILY AS NEEDED <b>TOPICALLY</b> .
IBUPROFEN TABS	TARGET/WALMART	TAKE 3 TABS (600 MG) BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN, FEVER, OR INFLAMMATION, NOT TO EXCEED 4 DOSES IN 24 HOURS.
LORATADINE 10 MG	EQUATE	TEMPORARY RELIEF OF SYMPTOMS DUE TO UPPER RESP ALLERGIES: RUNNY NOSE, ITCHY WATERY EYES, SNEEZING, AND ITCHING OF THROAT AND NOSE. 1 TAB BY MOUTH DAILY, NOT MORE THAN ONE TAB IN 24 HOURS
KAOPECTATE	EQUATE/PEPTO BISMOL	1 TABLESPOON (15 ML) BY MOUTH AS NEEDED AFTER EACH LOOSE BOWEL MOVEMENT. NOT TO EXCEED 4 DOSES IN 24 HOURS. STOP AFTER 7 DAYS.
MAALOX		1 TABLESPOON (15 ML) BY MOUTH EVERY 4 HOURS AS NEEDED FOR GAS PAINS OR INDIGESTION. NOT TO EXCEED 4 DOSES IN 24 HOURS. STOP AFTER 30 DAYS.
MIRALAX POWDER		TAKE 2 TABLESPOONS (30 CC) BY MOUTH AT BEDTIME WITH 8 OZS OF WATER AS NEEDED FOR CONSTIPATION. STOP AFTER 3 DAYS AND CONTACT

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			NURSING IF NOT HELPING. <b>DO NOT GIVE WHEN ABDOMINAL PAIN, NAUSEA, OR VOMITING ARE PRESENT UNLESS DIRECTED BY DOCTOR OR NURSING</b>
	MUSCLE RUB	MINERAL ICE/ICY HOT	APPLY TOPICAL TREATMENT FOR TEMPORARY RELIEF OF MUSCLE SORENESS TO AFFECTED AREAS 2 TIMES A DAY AS NEEDED. APPLY WITH GLOVE
	PERMETHRIN LOTION 1%	LICE KIT	THOROUGHLY MASSAGE INTO HEAD AND/OR BODY FOR THE TREATMENT OF LICE. LEAVE ON FOR 10 MINUTES THEN RINSE. MAY RETREAT IN 7-10 DAYS. (NOTIFY NURSING IF REPEATED)
	PSEUDOPHEDRINE (30 MG)	EQUATE, SUDAFED	1 TAB BY MOUTH AS NEEDED EVERY 12 HOURS FOR SINUS CONGESTION. <b>DO NOT EXCEED 2 TABS IN 24 HOURS.</b>
	SALINE NASAL SPRAY		FOR DRY NASAL MEMBRANES OR CONGESTION. SQUEEZE 2 TIMES IN EACH NOSTRIL AND CLEAN OUT WITH TISSUE. USE THREE TIMES A DAY AS NEEDED.
	SUNSCREEN		APPLY TO AFFECTED AREAS TO PREVENT MINOR SUNBURN
	TRIPLE ANTIBIOTIC CREAM	NEOSPORIN/EQUATE/TARGET	FOR SCRATCHES AND SURFACE ABRASIONS. APPLY 3 TIMES A DAY AS NEEDED.

Provider: \_\_\_\_\_

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

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