

Authorization to Dispense Medicine and Medication

Name of Rower: _____ Date of Birth: _____

I _____
(Parent or Guardian)
hereby authorize a chaperone of Xavier Crew
to dispense to my daughter, if needed any of the following checked medicines. Please check all
that apply.

- | | | |
|---------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Imodium AD | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Alka Seltzer |
| <input type="checkbox"/> Midol | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Advil |
| <input type="checkbox"/> Topical Antiseptic | <input type="checkbox"/> Cold Medicine | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Cough Medicine | | |

List medications taken on a regular basis.

List allergies

For Xavier Chaperone use only

Medicine: _____ given on: _____ time: _____ by: _____
Medicine: _____ given on: _____ time: _____ by: _____
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Medicine: _____ given on: _____ time: _____ by: _____