Over the Counter Parent and Doctor Standing Order Form

Athlete Name: Athlete DOB:

Parent Name: Parent Signature:

Doctor Name: Doctor Signature:

Medication Name	Permission to Self Administer? Circle Yes or No	
Antibiotic Ointment (Bacitracin, Neosporin)	Yes	No
Hydrocortisone 1% (Cortisone)	Yes	No
Calamine Lotion	Yes	No
Ibuprofen (Advil)	Yes	No
Acetaminophen (Tylenol)	Yes	No
Antihistamines (Benadryl)	Yes	No
Cough Drops	Yes	No
Pepto Bismol	Yes	No
Calcium Carbonate (Tums)	Yes	No
Dayquil	Yes	No
Anti-Fungal Footcream	Yes	No
Mucinex	Yes	No
Emergen - C	Yes	No
Multivitamin (athlete supplied)	Yes	No
Creatine (athlete supplied)	Yes	No
Supplements (athlete supplied)	Yes	No

Athletes are not permitted to have OTC medications in their possession while at RSR camps and clinics. RSR keeps a stock of the above listed OTC medications unless otherwise indicated in case an athlete requests them during the course of a camp or clinic. In order for RSR to supervise the self administration of one of these medications, both the parent AND the doctor must indicate, by way of this form, that we have permission to do so by circling “yes” in the appropriate column and having the form signed by both the parent AND the doctor. This form servesas a doctor’s standing order for these medications.

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