

# Over the Counter Parent and Doctor Standing Order Form Page 1 of 2

ATHLETE NAME: \_\_\_\_\_

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

Medication Name	Parent Permission? Circle Yes or No		Doctor Permission? Circle Yes or No	
Sting Swabs	Yes	No	Yes	No
Pepto Bismol	Yes	No	Yes	No
Cetirizine (Zyrtec)	Yes	No	Yes	No
Aleve	Yes	No	Yes	No
Ibuprofen (Advil, Motrin)	Yes	No	Yes	No
Polyethylene Glycol (Miralax)	Yes	No	Yes	No
Cortaid	Yes	No	Yes	No
Hydrocortisone 1% (Cortisone)	Yes	No	Yes	No
Pseudoephedrine (Sudafed)	Yes	No	Yes	No
Calamine Lotion	Yes	No	Yes	No
Acetaminophen (Tylenol)	Yes	No	Yes	No
Robitussin DM	Yes	No	Yes	No
Diphenhydramine (Benadryl)	Yes	No	Yes	No
Cough Drops	Yes	No	Yes	No
Dimetapp	Yes	No	Yes	No

Parent Name:

Parent Signature:

Doctor Name:

Doctor Signature:

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ATHLETE NAME: \_\_\_\_\_

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

Medication Name	Parent Permission? Circle Yes or No		Doctor Permission? Circle Yes or No	
Loratadine (Claratin)	Yes	No	Yes	No
Calcium Carbonate (Tums, Rolaids)	Yes	No	Yes	No
ASA (Aspirin)	Yes	No	Yes	No
Aloe	Yes	No	Yes	No
Antibiotic Ointment (Bacitracin, Neosporin)	Yes	No	Yes	No
Fexofenadine (Allegra)	Yes	No	Yes	No
Loperamide (Immodium-AD)	Yes	No	Yes	No
Phenylephrine (Sudafed PE)	Yes	No	Yes	No
Antihistamines (Benadryl, Diphenhydramine)	Yes	No	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 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 each page of this form signed by their doctor. This form serves as a doctor's standing order for these medications.

Parent Name:

Parent Signature:

Doctor Name:

Doctor Signature: