

Authorization for CTY-Supplied Non-Prescription Medications
Johns Hopkins Center for Talented Youth (CTY) Summer Program -
2024

Student Name: _____
Last/Family Name First Name

Student DOB _____ **CTY Student ID:** _____
mm/dd/yyyy

Instructions

The medications listed below are stored on site in the CTY Health office and provided as needed per label instruction by weight and age. Please do not send these medications with your child.

Students may receive these medications only if this form is properly completed, **signed by both a parent/guardian and physician** and uploaded to the student's CTY Health Profile.

<u>Medication</u>	<u>Parent/Guardian</u>		<u>If no, why should your child avoid this medication?</u>
	May your child take this medication as needed?		
Acetaminophen (Tylenol)	<input type="radio"/> Yes	<input type="radio"/> No	
Benzocaine lozenge (Chloroseptic)	<input type="radio"/> Yes	<input type="radio"/> No	
Calamine lotion	<input type="radio"/> Yes	<input type="radio"/> No	
Calcium Carbonate (Tums/PeptoKids)	<input type="radio"/> Yes	<input type="radio"/> No	
Cetirizine (Zyrtec)	<input type="radio"/> Yes	<input type="radio"/> No	
Chlorhexidine solution	<input type="radio"/> Yes	<input type="radio"/> No	
Clotrimazole (antifungal cream)	<input type="radio"/> Yes	<input type="radio"/> No	
Dextomethorphan (Delsym)	<input type="radio"/> Yes	<input type="radio"/> No	
Dimenhydrinate (Dramamine)	<input type="radio"/> Yes	<input type="radio"/> No	
Diphenhydramine (Benadryl)	<input type="radio"/> Yes	<input type="radio"/> No	
Glucose pills	<input type="radio"/> Yes	<input type="radio"/> No	
Hydrocortisone cream (1%)	<input type="radio"/> Yes	<input type="radio"/> No	
Ibuprofen (Advil)	<input type="radio"/> Yes	<input type="radio"/> No	
Loperamide (Immodium)	<input type="radio"/> Yes	<input type="radio"/> No	
Loratadine (Claritin)	<input type="radio"/> Yes	<input type="radio"/> No	
Preservative-free artificial tears	<input type="radio"/> Yes	<input type="radio"/> No	
(Refresh Lubricant Eye Drops	<input type="radio"/> Yes	<input type="radio"/> No	
Simethicone (Gas-X)	<input type="radio"/> Yes	<input type="radio"/> No	
Sunscreen (at least 30 SPF)	<input type="radio"/> Yes	<input type="radio"/> No	

Parent/Guardian Signature

I give permission for my child to take the nonprescription medications as indicated above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Physician Signature

The student may take the nonprescription medications as indicated by the student's parents above.

Physician's name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____