

St. John Neumann Catholic Church  
Medical Over the Counter Drug Permission and Medical Form

Name of Child: \_\_\_\_\_

Please list any medication or food allergies:

Is your child a vegetarian?

Are there any physical or medical limitations we should be aware of?

Please inform the Leader what medication you are presently taking:

Please check off any of the over the counter medications we, can give your child should they request it:

- Benadryl
- Sudafed
- Tylenol
- Ibuprofen
- Imodium
- Pepto-Bismol
- Dramamine
- Over the counter cold medicine

Please list any medication that should not be given to your child:

---

---

---

---

Special requirements:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_