

CROSSING



BORDERS

BRINGING THE WORLD TO YOU

Permission to Administer Non-Prescription Medication

Child's Name

DOB

Age

Sex

I hereby authorize Crossing Borders and their instructors to use the following products on my child, above mentioned, according to manufacturer or physician's written instructions. I understand that this form is valid for the entire time my child is in Crossing Borders care. I understand it is my responsibility to contact Crossing Borders for a new form should I wish to change this information.

First Aid Ointments? _____ () Yes () No

Insect Spray? _____ () Yes () No

Sunscreen? _____ () Yes () No

Ipecac Syrup? _____ () Yes () No

Tylenol (verbal permission)? _____ () Yes () No

Doctor's Rx for my child _____ () Yes () No

Signing below, I agree that this document is a legally binding form. Providing false information will result in termination of contract.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Crossing Borders

Date