



Over the Counter Medications Consent Form

I agree to allow _____ to receive over the counter medications for the appropriate purpose while he/she is a resident at Valley Hill Youth Treatment Centre.

The following signed consent form will include the following (Please mark all that apply):

- Pepto Bismol
- Cough Drops
- Acetaminophen (Tylenol)
- Midol
- Ibuprofen
- Benadryl
- Vicks Vapo Rub
- Reactine

Participant's Signature: _____

Family/Guardian's Signature: _____

VHYTC Staff's Signature: _____

I, _____ (parent/guardian) **do not allow** _____ (youth) to receive any over the counter medications while he/she is a resident at Valley Hill Youth Treatment Centre. Therefore, I willingly refuse to sign for above consent.