



## US Brig NIAGARA Sailing Program

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### Medication and Travel Authorization Forms for Minors

For trainees under 18 years old: the following forms **must** be completed and signed by your parent/guardian and submitted to the Marine Operations Manager.

#### Prescription Medication Form

For the safety of the minor and others on board, minors are not permitted to self-administer prescription medications. Instead, prescription medication must be provided to the ship’s medical officer in its original packaging and will be administered according to the physician instructions as dictated below. The only exception to the rule will be prescribed Albuterol inhaler and/or Epi-Pen for emergency use. Please complete one copy of this form for each prescription medication prescribed. *In no case can medication be shared.*

Trainee’s Name:	
Diagnosis:	
Prescribed Medication:	
Dosage:	
Administration Instructions:	
Physician’s Name:	
Physician’s Phone Number:	

Parent/Guardian’s Name \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Over-the-Counter Medication Form**

The medications listed below are over-the-counter (OTC) medications carried by the ship. Please check the boxes to confirm that they may be given as indicated.

Type of Medication	Yes	No
Triple Antibiotic Ointment as needed for minor wounds		
Acetaminophen 500 mg 1 tablet every 4 hours as needed for pain/fever		
Aspirin 325 mg 1 or 2 tablets every 4 hours as needed for pain/fever		
Ibuprofen 200 mg 1 or 2 tablets every 6 hours as needed for pain/inflammation		
Aleve (naproxen sodium) 220mg 1 tablet every 8-12hrs as needed for pain/inflammation		
Antacid Tablets 1 or 2 tablets every 4 hours as needed for heartburn/indigestion		
Hydrocortisone Cream as needed for skin irritation		
Calamine Lotion/Clear Anti-itch Lotion as needed for itch relief		
Cough Drops as needed for cough		
Benadryl 12.5mg 1 or 2 tablets as needed for allergic reaction		
Claritin (loratidine)10mg tab 1 tablet daily as needed for allergy symptoms		
Pepto-bismol (bismuth subsalicylate) 1-2 tab every hour up to 16 tabs as needed for gastric discomfort		
Sudafed PE – Phenylephrine HCL 10 mg as needed for congestion		
Sudafed PE Cold & Cough – Acetaminophen 325 mg, Destromethorphan HBr 10 mg, Guaifenesin 100 mg, Phenylephrine HCl 5 mg as needed for congestion/cough		
Sudafed PE Severe Cold – Acetaminophen 325 mg, Dextromethorphan HCl 12.5 mg, Phenylephrine HCL 5 mg as needed for cough		
Dayquil – Acetaminophen 500 mg, Dextromethorphan HBR 10 mg, Phenylephrine HCL 5 mg as needed for cough		
Theraflu – Acetaminophen 650 mg, Dextromethorphan HBR 20 mg, Phenylephrine HCL 10 mg as needed for cough/congestion		
Mucinex – Guaifenesin 600 mg as needed for cough/congestion		

I give my consent to the administration of over-the-counter (OTC) medication to my minor child as indicated above.

Trainee’s Name \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Travel and Guardianship Authorization Form for Minors**

Trainee's Name:	
Trainee's Date of Birth:	
Trainee's Program Start Date:	
Trainee's Program End Date:	

I attest that I am a legal parent/guardian of the trainee named above and that I authorize my child to travel onboard the Sailing School Vessel *Niagara* during and between the dates listed above as the program start and end dates. Furthermore, I authorize Captain William R. Sabatini or Captain David A. Goldman to serve as temporary legal guardian of my child, in my absence, while my child is onboard the *Niagara*, and if applicable, while in Canada.

**Complete the next section if the trainee is traveling internationally:**

Trainee's Country of Citizenship:	
Trainee's Place of Birth:	
Nationality of Trainee's Passport:	
Trainee's Passport Number:	

**The best way to reach me while my child is onboard *Niagara* is as follows:**

Email:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Address:	

I certify that all of the information above is true to the best of my knowledge, and I authorize my child to travel onboard the *Niagara* under the temporary guardianship of the ship's captain while the ship is sailing upon the Great Lakes and connecting waterways or in any port in the United States or Canada.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_