



US Brig NIAGARA Sailing Program

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Medication and International Travel Authorization Forms for Minors

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

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 shall be provided to the ship 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.*

Student'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 ships medical office. 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/fever		
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 1 or 2 tablets as needed for allergic reaction		
Claritin 1 tablet daily as needed for allergy symptoms		
Sudafed PE Sinus + Allergy - Chlorpheniramine Maleate 4 mg, Phenylephrine HCL 10 mg as needed for congestion		
Sudafed PE – Phenylephrine HCL 10 mg as needed for congestion		
Sudafed PE Cold & Cough – Acetaminophen 325 mg, Dextromethorphan 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		
Nyquil – Acetaminophen 500 mg, Dextromethorphan HBR 15 mg, Doxylamine Succinate 6.25 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.

Student's Name _____

Parent/Guardian's Signature _____ Date _____

International Travel and Guardianship Authorization Form for Minors

Student's Name:	
Student's Country of Citizenship:	
Student's Place of Birth:	
Nationality of Student's Passport:	
Student's Passport Number:	
Student's Date of Birth:	
Student's Program Start Date:	
Student's Program End Date:	

I attest that I am a legal parent/guardian of the student 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 Walter P. Rybka to serve as temporary legal guardian of my child, in my absence, while my child is onboard the SSV *Niagara*, and if applicable, while in Canada.

The best way to reach me while my child is onboard SSV *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 by signing below I execute this authorization for my child to travel onboard the SSV *Niagara* under the temporary guardianship of her 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 _____