



PERMISSION TO ADMINISTER OVER-THE COUNTER MEDICATIONS

I/We the undersigned parent(s) or legal guardian(s) of _____
(the “student”) hereby authorize and request personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

_____ Cough drops

_____ Pain relievers such as Ibuprofen, Acetaminophen, Aspirin

_____ First aid ointment

Check as appropriate:

_____ Such medications will be provided by the parent/legal guardian

AND/OR

_____ School personnel may provide these over-the counter medications

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

Date: _____ Parent/Guardian: _____

Date: _____ Parent/Guardian: _____