

OVER-THE-COUNTER MEDICATION FORM

(For Tylenol, Ibuprofen, Cough Drops, Triple Antibiotic Ointment, etc.)

If your child needs any over-the-counter medication, cough drops, cream or ointment, you will need to supply it with instructions. Over-the-counter medications need to be sent to school in their original container. Due to space restrictions, we ask that you send a small bottle.

I am sending the following non-prescription medication to be administered at school:

Medication	Dosage	Time/Frequency
_____ Tylenol	_____	_____
_____ Ibuprofen	_____	_____
_____ Other _____	_____	_____

Student's Name

Birthdate

School Year or Effective Dates

Student's Physician

Reason for Medication

This order is in effect for this school year unless otherwise indicated.

I release the school district from any liability claims as a result of the administration of this medication or procedure as directed. It is my responsibility as a parent/guardian to inform the district of any medication given at home prior to the school day beginning.

Date

Parent/Guardian Signature

Telephone #