

# 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 packaging/container. Due to space restrictions, we ask that you **please send a small bottle.**

| Medication        | Dosage | Time/Frequency |
|-------------------|--------|----------------|
| ____ Tylenol      | _____  | _____          |
| ____ Ibuprofen    | _____  | _____          |
| ____ Other: _____ | _____  | _____          |

|   |                              |
|---|------------------------------|
| _____<br>Student's Name and Date of Birth | _____<br>Student's Grade     |
| _____<br>School Year or Effective Dates   | _____<br>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.

|               |                                    |                       |
|---------------|------------------------------------|-----------------------|
| _____<br>Date | _____<br>Parent/Guardian Signature | _____<br>Phone Number |
|---------------|------------------------------------|-----------------------|