

# 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: _____	_____	_____

_____ Student's Name and Date of Birth	_____ Student's Grade
_____ 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	_____ Phone Number
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