

# Newell-Fonda

## Medication Permission Form

### Over-The-Counter Medications

Dear Parent:

The school will carry the following stock medications in the nurse's office. Please indicate if you give permission for your child to receive these medications at school.

Dosage will be given per age/weight instruction on the medication container.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Acetaminophen (Tylenol)	Yes	No
Ibuprofen (Motrin or Advil)	Yes	No
Antihistamine (Benadryl, Claritin or Zyrtec)	OTCYes	No
Antacid (TUMS)	Yes	No
Antibiotic Ointment	Yes	No
Hydrocortisone Cream	Yes	No
Cough drops or throat lozenges	Yes	No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Best way to reach you:

Phone

Email

Note sent home