

## PERMISSION FOR OVER THE COUNTER MEDICATION

*OTC meds are distributed by the school nurse, the school secretary, or the principal*

Student First name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_\_\_

I give permission for my child to take the following medication at school with the supervision of the nurse for minor discomfort and pain. Students may not carry their own medication at school with the exception of inhalers for asthma.

Acetaminophen (Tylenol) 325 mg    yes \_\_\_\_    no \_\_\_\_    1 or 2 tabs *(circle one)*

Ibuprofen (Motrin/Advil) 200 mg    yes \_\_\_\_    no \_\_\_\_    1 or 2 tabs *(circle one)*

Tums    yes \_\_\_\_    no \_\_\_\_    1 or 2 tabs *(circle one)*

Hydrocortisone cream    yes \_\_\_\_    no \_\_\_\_    Antibiotic cream    yes \_\_\_\_    no \_\_\_\_

PARENT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PERMISO E INSTRUCCIONES DEL PADRE PARA EL EXCEDENTE LA MEDICACION CONTRARIA EN LA ESCUALA

DOY EL PERMISO PARA QUE MI NINO TOME LA MEDICACION SIGUIENTE DE LA ENFERMERA EN LA ESCUELA  
(LOS ESTUDIANTES NO PUEDEN LLEVAR LA MEDICACION EN LA ESCUELA)

ESTUDIANTE \_\_\_\_\_ GRADO \_\_\_\_\_

FECHA DE NACIMIENTO \_\_\_\_\_

Acetaminophen (Tylenol) 325 mg    si \_\_\_\_    no \_\_\_\_    1 or 2 tabs ?

Ibuprofen (Motrin/Advil) 200 mg    si \_\_\_\_    no \_\_\_\_    1 or 2 tabs ?

Tums    si \_\_\_\_    no \_\_\_\_    1 or 2 tabs    Hydrocortisone cream    si \_\_\_\_    no \_\_\_\_    Antibiotic cream    si \_\_\_\_    no \_\_\_\_

FIRMA \_\_\_\_\_ FECJA \_\_\_\_\_