



## Permission to Administer Over-the-Counter Medications

I/We the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (the “student”) hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

\_\_\_ Cough drops

\_\_\_ Pain relievers such as Ibuprofen, Acetaminophen, aspirin

\_\_\_ First aid ointments

Check all that apply:

\_\_\_ Such medications will be provided by the parent/legal guardian

\_\_\_ School personnel may provide these over-the counter medications

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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