

Non-prescription medication

School provided medication

The school will keep Tylenol (Acetaminophen) in the office. All other non-prescription medication may be carried by the student, but must be approved by a parent/guardian in advance. Please authorize medication possession/administration by checking the appropriate blanks or by filling in the other medication area below.

___ Office-administered Tylenol (Acetaminophen) – maximum 325 mg every 4 hours as needed

Parent provided medication

___ Ibuprofen – Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

___ Other _____ - Dose _____ - Frequency _____

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____