

PERMISSION TO DISPENSE MEDICATION

The following medications are available in the school office.

Please mark any of these that you **DO NOT** want us to give your child(ren).

Family Last Name: _____

Student's
Name _____

Student's
Name _____

Student's
Name _____

Student's
Name _____

Tylenol

Ibuprofen

Aspirin

Alka-Seltzer

Pepto Bismol

TUMS

Cough Syrup

Benadryl

Tylenol

Ibuprofen

Aspirin

Alka-Seltzer

Pepto Bismol

TUMS

Cough Syrup

Benadryl

Tylenol

Ibuprofen

Aspirin

Alka-Seltzer

Pepto Bismol

TUMS

Cough Syrup

Benadryl

Tylenol

Ibuprofen

Aspirin

Alka-Seltzer

Pepto Bismol

TUMS

Cough Syrup

Benadryl

Allergies:

Allergies:

Allergies:

Allergies:

Additional comments?

Additional comments?

Additional comments?

Additional comments?

Parent's Signature: _____

Date: _____