

**Twin Spring Farm Day School
Permission to Administer Over The Counter and Prescription Medication**

School Year _____

Name of Student _____

Initial only the medication options you want your child to be able to receive in school. Parents will be notified prior to administration of medication. Dosages will be given according to the child's age/weight recommendations per the product label.

If your child requires prescription medication during the school day, the medication must be received in its original pharmacy container and properly labeled with the child's name, name of medication, dosage, frequency to be given and expiration date.

Any additional pertinent information along with action plans must be provided.

_____ Tylenol (Acetaminophen) for pain or fever.

_____ Children's Advil / Motrin (Ibuprofen) for pain, fever, or inflammation.

_____ Benadryl as needed for bee stings or allergic reactions.

_____ Tums for upset stomach as needed.

_____ Cloroseptic Spray.

_____ Hydrocortisone Cream 1% as needed for itching.

_____ Antibiotic Ointment as needed for minor wounds.

I give permission for the school nurse, director, administrator or supervisor responsible for my child to give the medication checked above to my child as indicated and/or needed. I understand no medication will be given without written permission of the parent/guardian and physician. I will be notified if administration is given. This form is valid for the complete school year.

Parent/Guardian (signature)

Date

Physician (signature)

Date

