



Over the Counter Medication PERMISSION FORM

CHILD'S NAME: _____

Please give _____ permission to take the over the counter medication marked below: I will send the medication in its original container to be used as directed below.

TYLENOL

Amount: _____

Frequency: _____

MOTRIN

Amount: _____

Frequency: _____

COUGH MEDICATIONS

Amount: _____

Frequency: _____

BENADRYL

Amount: _____

Frequency: _____

OTHER: _____

Amount: _____

Frequency: _____

Parent/Guardian Signature

Date