



Request for Over the Counter Medication Administration

2018-2019 School Year

The parent/guardian of _____ gives permission for a
(Child's Name)

Dayspring Christian Academy staff member to administer the medications listed below as needed.

Regular Tylenol (325 mg) (not children's) and Ibuprofen (200 mg) will be available for students over 12 years of age with permission from parents/guardians. It is the parent/guardian's responsibility to furnish any other OTC (over the counter) medication. The parent agrees to pick up expired or unused medication within one week of notification by staff. **Over the counter medication must be labeled with child's name. Dosage must match package labeling and the medicine must be packaged in its original container. Please make sure student's name is clearly marked on the container.**

For students over 12 years of age. My child is permitted to receive the following medication (provided by Dayspring) if needed. (see note on dosage above)

☐ Ibuprofen ☐ Tylenol

Special Instructions: _____

Please list all OTC medications sent to school:

By signing this document, I give permission for Dayspring Christian Academy school staff to administer OTC (over the counter) medication to the above named child.

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____

Work Phone _____ Home Phone _____ Cell Phone _____

Office Use Only:

Date Medication Received _____ Medication Received by _____

Date Completed Form Received _____ Completed Form Received by _____