



# Request for Over the Counter Medication Administration

2019-2020 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.

For **students over 12 years of age**, the following medications are provided by DCA. Please check the box(es) indicating which medications our staff may administer if /when your child may need it.

☐ Ibuprofen (200 mg)   ☐ Tums Antacid (Assorted Fruit/Berries)   ☐ Regular Tylenol (325 mg)

For **students in Kindergarten thru 5<sup>th</sup> grade**, it is the parent/guardian's responsibility to furnish OTC medication.

**All 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.**

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Please list all OTC medications sent to school:

\_\_\_\_\_

\_\_\_\_\_

The following is a list of medications provided by DCA for **all students**. Please check the box(es) indicating which medications our staff may administer if /when your child may need it.

☐ Aloe Vera Gel   ☐ Benadryl Spray   ☐ Calamine Plus   ☐ Neosporin Ointment

***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 \_\_\_\_\_