

St. Christopher School

Administration of Over the Counter Medication

St. Christopher School will be maintaining a supply of some common over-the-counter medications. In the event your child needs any of these medications while at school, we will be able to dispense the items that you indicate below.

Student's Name _____

Grade _____ Teacher _____

My child may take the following over-the-counter medications at school. I understand that non-medical personnel may supervise the administration of this medication. This authorization will be in effect for this current school year unless revoked in writing by the parent/guardian.

CHECK ALL THAT APPLY:

_____ Acetaminophen _____ (160 mg children's liquid or chewable)

_____ (500 mg adult extra strength)

_____ 1 tablet _____ 2 tablets

_____ Ibuprofen _____ (100 mg children's liquid or chewable)

_____ (200 mg adult strength)

_____ 1 tablet _____ 2 tablets

_____ Antacid Chewable Tablets (TUMS)

_____ Cough Drops

_____ Throat Lozenges

_____ Antibiotic Ointment

Parent's Signature _____ Date _____

Home # _____ Work # _____ Cell # _____

