

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 #** _____

