

Student Name _____

Grade _____

Permission for Non-Prescription Medications

In order to administer non-prescription medicine to a student, Indiana law requires that written parent permission be on file with the school. When students request non-prescription medicine, much time is spent contacting the parent. To make this procedure more convenient for parents and the principle (or her designee) the following check list and consent form are being provided for your signature.

Please check the non-prescription medicines that may be given to your son/daughter by the school nurse or other appointed school personnel. If a non-prescription medicine is not included on the list, please add it on the blank provided.

Parent Signature _____

___ Tylenol (extra strength) ___ Midol (generic menstrual relief)

___ Ibuprofen ___ Cough drops

___ Benadryl (allergies/itching) ___ Tums (generic antacid)

___ Tylenol cold (Tylenol with decongestant)

___ Other _____

Brief Student Medical History

___ Asthma Uses Inhaler? ___ Yes ___ No

___ Seizures

___ Bee Sting Allergy Uses Epi-Pen? ___ Yes ___ No

___ Seasonal Allergies

___ Food Allergies

___ Diabetic

___ Meds taken on a regular basis/ Other Information
