

**MEDICATION RELEASE FORM 2022- 23**

My child, \_\_\_\_\_, has my permission to receive the adult dosage (as prescribed on the bottle) of following medication from the ECS Upper School office.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

They may have:

(Check all that may apply and circle the amount to be given)

Acetaminophen 500 mg (Tylenol) \_\_\_\_\_ 1 or 2

Ibuprofen 200 mg (Advil) \_\_\_\_\_ 1 or 2

Antacid 750 mg (Tums)/Anti-gas 80 mg (Alka-Seltzer) \_\_\_\_\_

Cetirizine 10mg (Zyrtec) \_\_\_\_\_

Diphenhydramine HCl 25 mg (Benadryl) \_\_\_\_\_ 1 or 2

Hydrocortisone (1%) Cream (topical) \_\_\_\_\_

Triple Antibiotic Ointment (topical) \_\_\_\_\_

\*Please list any known Allergies \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM IN TO THE FIRST PERIOD TEACHER ON THE FIRST DAY OF SCHOOL.**