

OVER-THE-COUNTER MEDICATION RELEASE FORM 2018-2019

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

Parent Name (Print) _____

Parent Signature _____

Date _____

They may have: (Check all that may apply)

Acetaminophen 500 mg (Tylenol) _____

Ibuprofen 200 mg (Advil) _____

Antacid 1000 mg (Tums) _____

Diphenhydramine HCl 25 mg (Benadryl) _____

Bismuth Subsalicylate or Calcium Carbonate (Pepto-Bismol) _____

Eye Drops (Polyethylene Glycol 0.4%, Propylene Glycol 0.3%) _____

Hydrocortisone (1%) Cream (topical) _____

Triple Antibiotic Ointment (topical) _____

Additional comments:

Return this form in to the student's Homeroom teacher the first day of school.