

## MEDICATION RELEASE FORM

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)

Acetaminophen 500 mg (Tylenol) \_\_\_\_\_

Ibuprofen 200 mg (Advil ) \_\_\_\_\_

Antacid 750 mg (Tums) \_\_\_\_\_

Additional comments:

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

**Return this form in to the student's First Period teacher on the first day of school.**