

**LEBANON TOWNSHIP SCHOOL DISTRICT
PERMISSION SLIP CONCERNING OTC MEDICATION**

Name of Student _____ Grade _____ School Year _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

**I give parental permission for my child to take the following medication(s) during the school day:
Check all that apply and complete as indicated.**

Acetaminophen (Tylenol):

Dosage _____ Frequency or Time _____

Reason for Medication _____

Ibuprofen (Advil or Motrin):

Dosage _____ Frequency or Time _____

Reason for Medication _____

**An adult must deliver the medication to the nurse's office. "Over the counter" drugs must be
In the original container.**

I, the parent/guardian, authorize the school nurse to assist my child in taking the above named medication. I agree that I will not hold liable the school district or school nurse who is directed by me to assist my child in taking the above named medication.

I understand that this medication will be available to my child only during regular school hours. The use of medication on field trips is handled differently and is addressed on the field trip permission form.

◆ Parent/Guardian's Signature _____ Date _____