



Permission to Administer Over the Counter Medication

Christ's Legacy Academy requires that a parent complete the form below in order for their student(s) to be given any of the following medications. Tablet forms will be in adult and junior strength (no liquid forms). Other medications to be given must be in the original bottle, properly labeled with the student's name and dosage information. **STUDENTS MAY NOT KEEP MEDICATION IN THEIR BACKPACK, LUNCHBOX, OR LOCKERS.**

Student's Name

DOB

I request the designated CLA personnel assist my child in taking the following over the counter medications as directed.

_____ **Tylenol/Ibuprofen**

(adult 500mg/200mg or junior strength 160mg-please circle one)

Dosage amount: Please circle one

1 adult tablet

1 chewable tablet

3 chewable tablets

2 adult tablets

2 chewable tablets

_____ **Hydrocortisone cream**

_____ **Orajel Cream**

_____ **Cough Drops**

_____ **Neosporin**

NO other medications will be given out from the school office.

Parent Signature

Date