

Albert Bridge School  
2019-2020  
Brownsville, Vermont

Parental Permission for Medication Administration

I authorize the school to administer the following over the counter medications to my child, \_\_\_\_\_ for fever, headache, insect bites, allergic reactions, ect. I understand that all medications will be given according to the package recommendations for my child's age and weight unless I have specified otherwise.

- \_\_\_\_\_ Tylenol (Acetaminophen)
- \_\_\_\_\_ Ibuprofen (Motrin, Advil)
- \_\_\_\_\_ Benadryl (Diphenhydramine)
- \_\_\_\_\_ Tums (antacid chewable tablet)
- \_\_\_\_\_ Hydrocortisone Cream
- \_\_\_\_\_ Antibiotic Ointment
- \_\_\_\_\_ Cough drops
- \_\_\_\_\_ None of the Above

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_