



Grace Brethren Preschools

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www.gracebrethrenschools.com

Consent for the Administration Of Non-Prescription Medication

I/We, the parent(s) of _____, do hereby give permission for the staff of Grace Brethren Preschool to administer the following non-prescription medication as approved by my child's physician. It is understood that all medications are to be provided by the parent, labeled and in the original container. Medication will only be administered when a Medication Permission Form is completed by the parent of the days necessary and left in the office with the medication.

Type of Medication	Yes	No	Brand Name (if specific)	Dosage
Children's Acetaminophen				
Children's Ibuprofen				
Cough Syrup				
Benadryl				
Calamine Lotion				
Sun Screen				
Hydrogen Peroxide				
Desitin				
A&D Ointment				
ChapStick				

Physician's Signature _____ Date _____

Address: _____ Phone: _____

Parent's Signature _____ Date _____