

MEDICATION RELEASE FORM 2020-21

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 and circle the amount to be given)

Acetaminophen 500 mg (Tylenol)_____ 1...2

Antacid 750 mg/Antigas 80 mg (Alka -Seltzer)_____

Diphenhydramine HCl 25 mg (Benadryl) _____ 1.....2

Hydrocortisone (1%) Cream (topical)_____

Triple Antibiotic Ointment (topical)_____

**Please list any known Allergies_____

Additional Comments:

PLEASE RETURN THIS FORM IN TO THE FIRST PERIOD TEACHER ON THE FIRST DAY OF SCHOOL.