



**Form to be used as needed throughout the year:**

**Over-the-Counter Medication Permission Slip**

(For medications such as Benadryl, hydrocortisone, Sudafed, Robitussin etc.)

*Please be sure to send medication to the Health Room along with this form*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The personnel of Holy Family Catholic Academy have my permission to administer the following medication to my child: \_\_\_\_\_.

The amount to be given is \_\_\_\_\_ at \_\_\_\_\_.

I understand that my child cannot keep or administer any medication to him/herself.

Medication is to be taken to the Health Room at the beginning of the school day.

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

\_\_\_\_\_  
Date