

Lake County Schools

Permission for Non-Prescription Medications at School

Student Name: _____

Grade: _____

Check the following medications that your child may take while at school:

- ☐ Tylenol*
- ☐ Ibuprofen*
- ☐ Antacids (Tums)*
- ☐ Antibiotic Cream
- ☐ Hydrocortisone Cream
- ☐ Medicated First Aid Spray
- ☐ Burn Cream
- ☐ Cough Drops
- ☐ Eye Drops (Visine or Clear Eyes)

*Students will only be given one oral (Tylenol, Ibuprofen, Tums) non-prescription medication per month. If you feel that your child will require additional Tylenol, Ibuprofen, or Tums each month, you must provide the medication in the original container and fill out the Medication Administration form.

As a parent/guardian, my signature below gives permission for school nurses and staff to administer these non-prescription medications while my child is at school on as needed basis.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____