

**OVER THE COUNTER MEDICATION**

***Please sign and return this note, if you are willing to give the office permission to dispense Tylenol, Cough Drops, or Tums for your child.***

My child, \_\_\_\_\_ has permission to receive Tylenol and/or Tums as needed, from the Grade School/High School Office. This is my phone number

\_\_\_\_\_

In case the office has any questions about dispensing medicine to my child.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\* If medicine is given to your child, it is logged in the notebook in the GS or HS office.**

**PRESCRIPTION MEDICATION**

**Please sign and return this note, if you give the Grade School/High School Office permission to dispense a prescribed medication.**

Please include name, dosage information, and times the medication should be administered. All medication should be in a pharmacy bottle with proper name and prescribed dosage.

**\*\*Medication that stays at the school will be located in the GS or HS vault.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_