

MEDICATION PERMISSION

I give my son /daughter _____ permission to receive the following medication if needed.

Please check one or more

Aleve... 1 tablet 2 tablets

Aspirin ... 1 tablet 2 tablets

Advil... 1 tablet 2 tablets

Benedryl... 1 tablet 2 tablets

Other medication and reason for its use:

How often should this medication be taken?

******All necessary prescribed and over-the-counter medications must be in the original container, clearly marked, and must be handed in along with the completed Medication form directly to Dolores Reagle upon arrival.***

Parent/Guardian:

Date: _____