

GREENVILLE CHRISTIAN SCHOOL 2023-2024

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION:

STUDENT'S NAME _____ **GRADE** _____

LISTED BELOW ARE OVER –THE- COUNTER MEDICATIONS THAT MAY BE ADMINISTERED TO STUDENTS WITH MINOR PROBLEMS. (IF A STUDENT IS VERY SICK AND NEEDS TO GO HOME, MEDICATION WILL NOT BE ADMINISTERED.)

IF YOU HAVE ANY QUESTIONS, CONTACT THE SCHOOL OFFICE AT 662-332-0946.

MEDICATIONS: (Check yes or no to indicate if your child may be given the following)

YES ____ **NO** ____ **Anti itch cream/spray**

YES ____ **NO** ____ **Band-aids**

YES ____ **NO** ____ **Benadryl (for allergic reactions)**

YES ____ **NO** ____ **Hydrogen Peroxide**

YES ____ **NO** ____ **Pepto Bismol**

YES ____ **NO** ____ **Tylenol**

List medication allergies: _____
_____(Check if none: ____)

List current scheduled Home Medications: _____
_____(Check if none: ____)

Parent Signature: _____ Date: _____