

Penn-Harris-Madison School Corporation

**AUTHORIZATION TO ADMINISTER
NON-PRESCRIPTION MEDICATION**

Student Last Name _____ **First Name** _____
Student Age _____ **School** _____ **Grade** _____

I give permission for my student to be administered the following medications provided by the school if needed, according to the package directions for the student's age: (please check below)

_____ Sugar Free Cough drops

*these medications are for students **12 and older**. If your student is not 12, you will need to supply the children's dose of the medication:

_____ Ibuprofen (Advil, Motrin)

_____ Acetaminophen (Tylenol)

_____ Antacid (Tums)

Medication Allergies _____

Parent Signature _____ **Date** _____

(This form will need to be renewed each school year)