

Greenfield Community Unit School

District No. 10

Administration Office • 311 Mulberry Street • Greenfield, IL 62044 • (217) 368-2447 • Fax (217) 368-2724

GREENFIELD ELEMENTARY SCHOOL

115 Prairie Street
Greenfield, IL 62044
(217) 368-2551
Fax (217) 368-2232

GREENFIELD HIGH SCHOOL

502 East Street
Greenfield, IL 62044
(217) 368-2219
Fax (217) 368-2230

Consent for Administration of Over the Counter (OTC) Medications

Student's Name: _____ Grade: _____ School Year: _____

Known Allergies: _____

List any long term medications student is now receiving: _____

Check the OTC medications listed below that you wish to be administered to your child at school. Please indicate dosage if applicable.

<u>Check if YES</u>	<u>Medication</u>	<u>Directions for use</u>
_____	Antacid (Tums)	_____
_____	Benadryl (Diphenhydramine)	_____
_____	Cough Drops	_____
_____	Ibuprofen	_____
_____	Tylenol (Acetaminophen)	_____
_____	Topical Medications (Listed below)	
	Anti-Itch Ointment (Callergy) _____	Antibiotic Ointment (Triple Antibiotic) _____
	Bactine Spray _____	Eye Drops _____
		Orajel _____
		Sting Relief _____
_____	Other _____	
_____	I do NOT want any medication given to my child at school.	

Physician's Signature _____ Office Phone _____ Office Fax _____ Date _____

Parent/Guardian Signature _____ Cell Phone _____ Work Phone _____ Date _____

By signing above, I hereby give permission for my son/daughter to take the above medication at school as written. I understand that it is my responsibility to furnish any OTC medication. I also understand that in the absence of the nurse, an administrator may administer the medication at school.

❁ Home of the TIGERS ❁