

1718 OTC MEDICATION PERMISSION FOR:

Student's Name _____ Grade _____

*In the event of **minor** injuries or illness at the school*

I **DO** give the Xenos Christian Schools' staff permission to administer the following **over-the-counter** medications to my child as they deem necessary.

Signed: _____

PLEASE CHECK ALL ACCEPTABLE OPTIONS:

TYPE	SPECIFICS...	AS LABEL DIRECTS?	OTHER DIRECTIONS
FOR PAIN RELIEF			
	<input type="checkbox"/> Tylenol Children's (liquid)		
	<input type="checkbox"/> Tylenol Children's (chew)		
	<input type="checkbox"/> Tylenol Junior (chew)		
	<input type="checkbox"/> Tylenol Adult (pill)		
	<input type="checkbox"/> Motrin Children's (liquid)		
	<input type="checkbox"/> Motrin Children's (chew)		
	<input type="checkbox"/> Motrin Junior (chew)		
	<input type="checkbox"/> Motrin Adult (pill)		
FOR ALLERGIES/CONGESTION or SKIN IRRITATIONS			
	<input type="checkbox"/> Children's Benadryl (melts)		
	<input type="checkbox"/> Adult Benadryl (pill)		
	<input type="checkbox"/> Adult Decongestant (pill)		
	<input type="checkbox"/> Hydrocortisone Cream (topical)		
	<input type="checkbox"/> Benadryl spray (topical)		
FOR UPSET STOMACH			
	<input type="checkbox"/> TUMS antacid (chew)		
	<input type="checkbox"/> Pepto Bismal (chew)		
FOR CUTS OR SCRAPES			
	<input type="checkbox"/> Neosporin Ointment		
OTHER			
	<input type="checkbox"/>		

I **DO NOT** give permission to the Xenos Christian Schools' staff to administer any OTC medication to my child without contacting me first at _____.

Signed: _____