



Student's Name _____ Age _____ Grade _____ Date of Birth ___/___/___

Current Weight _____ lbs Allergies _____

I give permission for my child to receive the following:

- Acetaminophen (Tylenol)
 - Children's Liquid
 - Children's Chewable
 - Adult dose _____ MG
- Ibuprofen (Advil/Motrin)
 - Children's Liquid
 - Children's Chewable
 - Adult dose _____ MG
- Tums
- Pepto-Bismol
- Cortisone Cream
- Mucinex Cough Medicine
- Zyrtec
- Benadryl
 - Children's Liquid
 - Children's Chewable
 - Adult dose _____ MG

Parent's Name (Print) _____

Parent's Signature _____ Date ___/___/___