

NON-PRESCRIPTION MEDICATIONS

Parent Consent Form

My student, _____, has my permission to take:

_____ Ibuprofen (Advil)—200 mg. tablets (1 or 2)

_____ Extra-Strength Acetaminophen (Tylenol)—500 mg. caplets (1 or 2)

Please check ONE of the following:

_____ I do NOT need to be contacted each time this medication is given.

_____ Please NOTIFY me each time this medication is given.

_____ Please call me PRIOR to any medication being given.

Parent Signature

Phone Number

Date