

Non Prescription Medication Administration Form

Code No. 507.2E1b

STUDENT NAME: _____

GRADE: _____

Date	Time	Acetaminophen**	Ibuprofen**	Benadryl**	Tums	Cough Drops	Hydrocortisone Cream	Antibiotic Ointment	Reason	Signature

**Parent notified of five doses given each semester. Permission to continue dosing:

() granted () denied.

Parent

contacted: _____ Date/time: _____

Signature: _____

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Parent

contacted: _____ Date/time: _____

Signature: _____

Staff signatures/initials: _____ / _____ / _____

_____ / _____ / _____