

Beaches Chapel School

Permission to Administer Medication

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

Parent Name: _____ Parent Phone: _____

Parent Signature: _____ Date: _____

I hereby give/withhold my permission for Beaches Chapel School to administer the following non-prescription items for the school year listed above:

YES	NO	PRODUCT/DESCRIPTION	INSTRUCTIONS
_____	_____	Allergy Relief/Antihistamine	
_____	_____	Adult Zyrtec/Certizine 10mg	_____
_____	_____	Adult Benadryl or Wal-Dryl 25 mg	_____
_____	_____	Children's Benadryl 12.5 mg	_____
		Pain Relievers	
_____	_____	Adult Advil/Ibuprofen 200mg	_____
_____	_____	Children's Advil/Motrin 100 mg	_____
_____	_____	Adult Tylenol 325 mg	_____
_____	_____	Children's Tylenol 160 mg	_____
		Other Items	
_____	_____	Adhesive Tape/Band-aids	_____
_____	_____	Benadryl anti-itch cream	_____
_____	_____	Cough Drops	_____
_____	_____	Insect Repellent	_____
_____	_____	Sunscreen	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

