



The City School
LIGHT TO THE CITY

PARENTAL CONSENT FORM FOR OVER-THE-COUNTER MEDICATION

Student's Full Name: _____

Student's Grade: _____

Student's Date of Birth: _____

Please circle below to give permission to the school nurse to give your child medication. **This form MUST be accompanied with a doctor's order.**

Acetaminophen (Tylenol)	YES	NO
Ibuprofen (Advil, Motrin)	YES	NO

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips, and after school activities.

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent Signature: _____

Printed Name: _____

Date: _____