

Round Grove Christian Academy

PARENTAL AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS OR TREATMENTS

Student: _____

Grade: _____

Date: _____

Weight: _____

I, the parent/guardian with legal custody of the above named child, give permission for Round Grove Christian Academy to give my child the over-the-counter medications or treatments that I have **initialed** below, when needed.

_____ Tylenol tabs or chew tabs every 4-6 hours as needed for headache or mild pain according to student's weight.

_____ Children's Motrin or Ibuprofen tab (200 mg.) every 6 hours as needed for mild pain according to student's weight.

_____ Halls cough drops as needed for cough or sore throat.

_____ Eye wash as indicated to flush eye(s)

_____ Hydrocortisone for rash or insect bites.

_____ Wound care of hydrogen peroxide and triple antibiotic ointment when indicated.

_____ TUMS chew tabs for upset stomach or indigestion.

Parent/Guardian Signature

Date