



PINGREE OVER-THE-COUNTER MEDICATION FORM

State regulations mandate that the health center be given permission from you to administer over-the-counter medications to your child. Please check each medication listed below which you approve your child receiving from the health office:

Acetaminophen (Tylenol) 325mg-650mg _____

Ibuprofen (Advil) 200mg-400mg _____

Phenylephrine 10 mg
(pseudoephedrine free) _____

Benadryl 25mg-50mg _____

Tums Chewables (Antacid) _____

Claritin 10mg _____

Allergies:

List medications student is currently taking:

Student's Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____