

Walbridge School

AUTHORIZATION FOR MEDICATIONS and ALLERGY INFORMATION 2016-2017

I hereby authorize the staff at Walbridge School to administer the following **over-the-counter medications to my child**, _____ .

(Child's name)

PLEASE indicate below which medications you authorize us to administer:

- Ibuprofen 200 mg tablets (generic): Yes ___ dosage ____
- Children's liquid ibuprofen (generic): Yes ___ dosage ____
- Acetaminophen 500 mg tablets (generic): Yes ___ dosage ____
- Children's liquid Tylenol (generic): Yes ___ dosage ____
- Tums® Antacid: Yes ___

I hereby authorize the staff at Walbridge School to administer the following **prescription medications** to my child, _____ .

(Child's name)

Name(s) of prescribed medication(s), dosage, and time of administration.

IMPORTANT: All prescribed medications must be provided in their original packaging with your child's name and the dosage instructions printed on the label. Please, provide a list of all Prescribed Medications even if not given at school.

ALLERGY INFORMATION

Please provide information about any allergies your child has in the space below.

Foods: _____

Drinks: _____

Stings: _____

Other: _____

Parent Signature _____ Date _____