

OLPS Permission to Administer Medication



Child's Name _____ Age _____ Grade _____
Date of Birth _____ Current Weight _____
Known Allergies: _____

I give permission for my child to receive the following (please check all that apply):

- Acetaminophen (Tylenol)
 - Child's Liquid
 - Child's Chewable
 - Adult dose
 - Amount given at home _____
- Ibuprofen/Motrin
 - Child's Liquid
 - Child's Chewable
 - Adult dose
 - Amount given at home _____
- Cortisone Cream
- Neosporin ointment
- Basic First Aid

Parent Signature _____ Date _____

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